MAXIMUS Federal Services

Case Number:	CM14-0005937		
Date Assigned:	02/07/2014	Date of Injury:	05/23/2007
Decision Date:	07/02/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Physician Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51-year-old female who has submitted a claim for lumbar degenerative disc disease, failed back surgery syndrome, lumbar radiculopathy associated with an industrial injury date of May 23, 2007. Medical records from 2012-2014 were reviewed, the latest of which dated January 15, 2014 revealed that the patient complains of low back pain which is in the midline and to the left of the midline of the lower lumbar spine. The pain radiates down the lateral aspect of the left lower extremity to the top of her foot and down the lateral aspect of the right lower extremity to the knee. The pain is constant in duration and is described as aching and sharp. The pain is worse with sitting or standing for an extended period of time, with walking, bending, and lifting. The pain is relieved with heat, rest, medication and with a TENS unit. Her daily activities are limited secondary to pain. She has difficulty sleeping at night secondary to pain. She underwent a trial of spinal cord stimulator on September 7, 2013 and states that her pain level has declined by 60%. Her pain at night improved and she was able to sleep through the night. She has also been taking less pain medications. On physical examination, there is a well-healed scar along the lower portion of the lumbar spine. The patient has an antalgic gait. There is tenderness over the midline of the lower lumbar spine. There is limitation in range of motion of the lumbar spine in flexion to approximately 70 degrees, extension to approximately 5 degrees, left lateral flexion to approximately 10 degrees, right lateral flexion to approximately 5 degrees, left lateral rotation to approximately 25 degrees, and right lateral rotation to approximately 25 degrees. Muscular strength in the left lower extremity is 4/5 in all muscle groups. There is reduced sensation to light touch along the anterior and lateral left thigh and the anterior, lateral and posterior left leg. There is positive straight leg raising test on the left at 60 degrees. MRI of the lumbar spine done last August 7, 2009 revealed a posterior central annular fibrosis tear at L4-5 with concomitant focal posterior central disc protrusion, no central stenosis or foraminal stenosis; focal disc protrusion in the posterior left central L5-S1 level extending into the left lateral recess which causes minimal displacement of the left S1 nerve root; minimal

deformity of the left lamina of L5/S1 likely due to prior intervention. MRI of the lumbar spine with contrast done last February 13, 2013 revealed postsurgical changes of anterior fusion at L4-L5 and L5-S1 levels; there is prominent susceptibly artifact at the L4-L5 level limiting evaluation of the neural foramina and soft tissue at this level on the post-contrast exam. Central canal appears grossly patent at the L4-L5 level. Canal and foramina are patent at the L5-S1 level with minimal broad-based disc bulge along the left paracentral margin of the disc. Electrodiagnostic study done last September 16, 2011 revealed probable residual of previous decompression of L5 radiculopathy on the left side. Treatment to date has included lumbar disc replacement and fusion, spinal cord stimulator trial (9/7/13), TENS, physical therapy, and medications which include tramadol, Norco, Topamax, lorazepam and Vicodin. Utilization review from December 23, 2013 modified the request for Spinal Cord Stimulator Trial with Medtronic equipment quantity to spinal cord stimulator implant because there is no rationale for proceeding with another trial with SCS leads with Medtronics.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

SPINAL CORD STIMULATOR TRIAL WITH MEDTRONIC EQUIPMENT QUANTITY ONE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATORS (SCS) Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 105-107.

Decision rationale: According to pages 105-107 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for spinal cord stimulator (SCS) trial placement include: at least one previous back operation and patient is not a candidate for repeat surgery; symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care; psychological clearance; no current evidence of substance abuse issues; and that there are no contraindications to a trial. In this case, the employee had a Boston Specific spinal cord stimulator trial (9/7/13) with 60% pain relief. The employee was authorized for an implant; however, the decision is to have an MRI compatible device. The employee has other medical problems that may require MRI studies. MRI compatible SCS device (Medtronic) and another trial for the new brand were requested. However, the employee does not have a psychological clearance for this trial. Therefore, the request for Spinal Cord Stimulator Trial with Medtronic Equipment quantity one is not medically necessary.