

Case Number:	CM14-0006503		
Date Assigned:	03/03/2014	Date of Injury:	03/11/2009
Decision Date:	07/14/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, 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 expert 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 48-year-old male who has filed a claim for lumbar radiculopathy associated with an industrial injury date of March 11, 2009. Review of progress notes indicates severe low back pain radiating to the lower extremities, right more than the left, with tingling, numbness, and paresthesia. Findings include decreased sensation along the medial and lateral border of right leg, calf, and foot; decreased lumbar range of motion; positive hyperextension maneuver of the lumbar spine and right-sided stretch test; and decreased motor strength of plantar flexors. An electrodiagnostic study dated September 05, 2013 showed findings of right L5-S1 radiculopathy and left peroneal neuropathy. A lumbar MRI dated October 22, 2013 showed multilevel disc protrusions and facet arthropathy. Findings were improved from previous MRI. Treatment to date has included NSAIDs, opioids, muscle relaxants, gabapentin, physical therapy, chiropractic therapy, Toradol injections, lumbar epidural steroid injections, medial branch blocks, and radiofrequency lesioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE TIME SPINAL CORD STIMULATOR TRIAL FOR ONE WEEK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101; 105-107.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines criteria for trial spinal cord stimulator (SCS) placement include failed back syndrome, more helpful for lower extremity symptoms; complex regional pain syndrome; phantom limb pain; postherpetic neuralgia; spinal cord injury dysesthesias; pain associated with multiple sclerosis; and peripheral vascular disease. It is a reasonable alternative for patients who suffer from neuropathic pain lasting at least six months despite appropriate conventional medical management, and who have had a successful trial of stimulation. Psychological evaluations are recommended for spinal cord stimulator trial. This patient has had conservative management, as well as multiple epidural steroid injections, medial branch blocks, and radiofrequency lesioning with no significant pain relief. There is mention that the patient has been psychologically cleared in the past. However, patient also has a history of psychological issues with regards to SCS implantation. At this time, there is no psychological report submitted along with the given documentation. As such, the request is not medically necessary.