

Case Number:	CM14-0009945		
Date Assigned:	02/21/2014	Date of Injury:	05/21/2010
Decision Date:	07/30/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/24/2014

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 Occupational 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 45-year-old male who has submitted a claim for Lumbar Discogenic Pain S/P Microdiscectomy associated with an industrial injury date of May 21, 2010. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of low back pain radiating to the left lower extremity. He also reported burning pain in the posterior thigh down to his foot. On physical examination, there was decreased range of motion of the lumbar spine. He was ambulatory with a mild limp. Treatment to date has included medications, home exercise program, left L4-5 microdiscectomy with hemilaminotomy and foraminotomy (May 28, 2012), and TENS unit. Utilization review from January 9, 2014 denied the request for DME: spinal cord stimulator trial because there was no documentation that the patient was not a candidate for repeat surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 101, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Psychological Evaluations, IDDS & SCS; Spinal Cord Stimulators (SCS) Page(s): 101, 105-107.

Decision rationale: According to pages 105-107 of the CA MTUS Chronic Pain Medical Treatment Guidelines, spinal cord stimulators (SCS) are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications for stimulator implantation include failed back syndrome, complex regional pain syndrome/reflex sympathetic dystrophy, post-amputation pain, post-herpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, and peripheral vascular disease. In addition, page 101 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend psychological evaluation prior to SCS trial. In this case, a psychological evaluation dated July 8, 2013 did not suggest the presence of strong psychological factors that would bode poorly for undergoing a spinal cord stimulator trial. Furthermore, the medical records showed that the patient had persistent pain despite previous back surgery, which is indicative of failed back syndrome. However, the records submitted for review did not include a discussion regarding failure of less invasive procedures or contraindications to such. Therefore, the request for DME: spinal cord stimulator trial is not medically necessary.