

Case Number:	CM14-0104577		
Date Assigned:	07/30/2014	Date of Injury:	03/29/2011
Decision Date:	09/24/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/07/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 44 year old man with a date of injury of 5/1/10. The most recent note is from his orthopaedic provider on 3/18/14. He complained of bilateral shoulder pain with decreased grip strength and weakness. He also complained of constant lumbar spine pain which radiating to his left leg and foot and occasionally to his right calf. He is status post three arthroscopic surgery to both shoulders from 2011- 2013. His physical exam was significant for moderate tenderness to his right shoulder with negative testing. His left shoulder was non-tender with positive resisted salute. He had reduced range of motion bilaterally. His lumbar spine showed tenderness on the right over the sciatic notch. Leg raise was negative bilaterally. He had one beat of clonus bilaterally. Sensation was intact, motor strength normal and patellar reflexes 2+. His diagnoses were right and left shoulder arthroscopic subacromial decompression, chronic lumbar strain with possible discogenic pain lower spine and DDD L3-4 with questionable left L4 radiculopathy per EMG. At issue in this review is the request for a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Spinal Cord Stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 34-41 and 105-107.

Decision rationale: This injured worker has chronic back pain felt to be degenerative or discogenic in origin. Spinal cord stimulators are considered a more invasive method of treatment that can be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. They are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions and following a successful temporary trial. There is limited evidence in favor of Spinal Cord Stimulators for Failed Back Surgery Syndrome and Complex Regional Pain Syndrome. Given the limited evidence to support a spinal cord stimulator in low back pain and also that the records do not support that comprehensive multidisciplinary medical management is concurrently in use, the medical necessity of a spinal cord stimulator is not substantiated in the records.