

Case Number:	CM14-0010987		
Date Assigned:	02/21/2014	Date of Injury:	01/22/2006
Decision Date:	08/04/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/27/2014

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 Tennessee. 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 66-year-old male who has submitted a claim for status post lumbar laminectomy, recurrent disc herniation and post-laminectomy syndrome with persistent back and radiating left leg pain and L5-S1 radiculopathy; persistent left shoulder pain, status post two shoulder surgeries, C3-C4 HNP; depression, being treated; and status post L5-S1 minimally invasive transforaminal lumbar interbody fusion associated with an industrial injury date of January 22, 2006. Medical records from 2013-2014 were reviewed. The patient complained of recurrent low back pain. Pain radiates to the bilateral hips and legs. The pain was rated 5-6/10. Physical examination showed patient walking on a guarded gait with a cane for support. He has moderate tenderness over L4-L5 and L5-S1. There was spasm and guarding over the bilateral erector spinae region and gluteus maximus region. Motor strength was 4/5 in left hip flexion, left knee flexion and extension, and left ankle dorsiflexion and plantar flexion. Straight leg raise test was positive on the left lower extremity. MRI of the lumbar spine, dated November 8, 2013, revealed L5-S1: status post fusion, 3 mm symmetric disc bulge with bilateral facet arthropathy, resulting in mild bilateral inferior neural foraminal narrowing; and small symmetric disc bulges from L2-L3 through L5-S1, with bilateral facet arthropathy from L1-L2 through L5-S1, and mild bilateral inferior neural foraminal narrowing at L3-L4 and L4-L5. Treatment to date has included medications, physical therapy, home exercise program, activity modification, left shoulder arthroscopic surgery, back surgeries, and lumbar fusion surgery. Utilization review, dated January 3, 2014, denied the request for spinal cord stimulator trial because there was no psychological evaluation yet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial: 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 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 injured worker had undergone L5-S1 minimally invasive transforaminal lumbar interbody fusion in 2012 and continues to have persistent pain in the low back with radiculopathy. The injured worker is not a candidate for repeat surgical intervention and has no evidence of substance abuse. However, non-interventional care like medications are said to be very helpful to the injured worker. Furthermore, the injured worker does not have a psychological clearance for this trial. Guideline criteria for SCS trial were not met. Therefore, the request for Spinal Cord Stimulator Trial is not medically necessary.