

Case Number:	CM14-0011539		
Date Assigned:	02/21/2014	Date of Injury:	09/21/2012
Decision Date:	08/07/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/29/2014

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 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 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 29-year-old who has submitted a claim for thoracic strain, lumbar strain, right knee strain, possible meniscal tear, lower back pain, lumbar facet syndrome, muscle spasm, lumbar disc protrusion, lumbar radiculitis, sacroiliitis, and piriformis syndrome, associated with an industrial injury date of September 21, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain and right knee pain accompanied by tingling and numbness. Physical examination of the lumbar spine revealed palpable spasm. There was tenderness over the paralumbar, posterior sacroiliac spine and sciatic notch on the right side, and piriformis muscle. There was pain on lumbar extension and flexion with muscle spasm and trigger points identified across the lower back. Range of motion was decreased secondary to pain. There was tenderness over the lower lumbar facet joints bilaterally. Right lower extremity motor testing was limited due to pain. There was 5-/5 strength in the right side dorsiflexion and plantar flexion. Facet loading test was positive bilaterally. Sensory exam was grossly intact. Treatment to date has included acupuncture, TENS (transcutaneous electrical nerve stimulation), physical therapy, a home exercise program, steroid injections, facet blocks, radiofrequency ablation, and medications, which include Lidoderm patch, Naproxen, Flexeril, Topamax, Toradol, Diazepam, Cymbalta, Dilaudid, and Norco. Utilization review from January 20, 2014 denied the request for spinal cord stimulator trial because the records did not specify that a psychological clearance was completed. As per guideline recommendations, a psychological clearance should precede a SCS trial as there are issues of acceptance and adjustment that need to be addressed with a potential implantation of the SCS.

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 Psychological Evaluations, IDDS & SCS; Spinal Cord Stimulators (SCS) Page(s): 101, 105-107.

Decision rationale: According to the 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-herpetic neuralgia, and spinal cord injury dysesthesias. It is a reasonable alternative for patients who suffer from neuropathic pain lasting at least 6 months despite appropriate conventional management. Criteria for SCS trial also include: at least one previous back operation and patient is not a candidate for surgery; there has been limited response to non-interventional care; no current evidence of substance abuse issues; and that there are no contraindications to a trial. In addition, the Chronic Pain Medical Treatment Guidelines recommend psychological evaluation prior to SCS trial. In this case, the patient has been experiencing chronic low back pain despite appropriate medical management. SCS trial may be appropriate however, psychological evaluation done on December 18, 2013 mentioned that while she was a suitable candidate from a psychological perspective, the physician had concerns about the patient's mood which is mildly to moderately depressed, with some anxiety present and associated problems with sleep. The physician's plan was for an initial course of 3-4 visits of behavioral medicine support to assist in facilitating medical management and further education in pain management and coping skills. Patient exhibited symptoms that warrant further psychotherapy and psychological clearance prior to the procedure. A psychological clearance indicating that the patient is psychosocially stable is necessary prior to initiation of SCS trial. Therefore, the request for spinal cord stimulator trial is not medically necessary or appropriate.