

Case Number:	CM14-0013087		
Date Assigned:	02/24/2014	Date of Injury:	04/05/2011
Decision Date:	08/04/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/01/2014

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 47-year-old female who has submitted a claim for failed back syndrome, lumbar degenerative disc disease, lumbar radiculopathy, and post laminectomy syndrome associated with an industrial injury date of April 5, 2011. Medical records from 2012 to 2014 were reviewed. The patient complained of chronic lower back pain. Physical examination showed restricted thoracolumbar spine ROM, antalgic gait, positive SLR at the left, decreased sensation in the left L5 dermatome, and tenderness on the right knee and lumbar paraspinal muscles. Treatment to date has included NSAIDs, opioids, anticonvulsants, muscle relaxants, antidepressants, nerve blocks, physical therapy, and surgery. Utilization review from January 3, 2014 denied the request for spinal cord stimulator (SCS) implant trial because it does not appear that the patient has completed all other lower levels of care. Psychological evaluation indicated that the patient could benefit from learning how to deal with stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator (SCS) Implant Trial: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators); Spinal cord stimulators (SCS) Page(s): 101; 105-107.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for SCS trial placement include: failed back syndrome, more helpful for lower extremity symptoms; CRPS; 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 6 months despite appropriate conventional medical management, and who have had a successful trial of stimulation. Psychological evaluations are recommended for spinal cord stimulator trial. In this case, the patient complained of chronic lower back pain despite appropriate medical management. The patient was diagnosed with failed back syndrome, post laminectomy syndrome, and lumbar radiculopathy. Psychological evaluation from November 7, 2013 reported that there were no major psychological risk factors that would preclude the patient from undergoing SCS. Medical necessity for SCS implant trial was established. Therefore, the request for spinal cord stimulator (SCS) implant trial is medically necessary.

Electrodes Qty: 16: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators); Spinal cord stimulators (SCS) Page(s): 101; 105-107.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for SCS trial placement include: failed back syndrome, more helpful for lower extremity symptoms; CRPS; 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 6 months despite appropriate conventional medical management, and who have had a successful trial of stimulation. Psychological evaluations are recommended for spinal cord stimulator trial. In this case, the patient complained of chronic lower back pain despite appropriate medical management. The patient was diagnosed with failed back syndrome, post laminectomy syndrome, and lumbar radiculopathy. Psychological evaluation from November 7, 2013 reported that there was no major psychological risk factor that would preclude the patient from undergoing SCS. Medical necessity for SCS implant trial was established. The dependent request, spinal cord stimulator (SCS) implant trial, has been deemed medically necessary. Therefore, the request for electrodes qty: 16 are medically necessary.