

Case Number:	CM14-0112907		
Date Assigned:	08/01/2014	Date of Injury:	07/13/1999
Decision Date:	10/01/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/18/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 56-year-old female who reported an injury on 07/13/1999 due to unknown mechanisms of injury. The injured worker complained of lower back pain. The injured worker had diagnoses of arthritis, bruising disorder, hep B liver disease. The prior surgeries included a lower back surgery dated 1999 with fusion. The medications included Gabapentin, Cymbalta, Flexeril, and restart the methadone at 10 mg twice a day, MSO4 ER 30 mg a fourth of a tab twice a day. The injured worker rated her pain a 4/10 on average. The physical examination dated 07/30/2014 revealed neurologically grossly intact, antalgic gait, color good, communicates appropriately. The treatment plan included a spinal cord stimulator. The Request for Authorization dated 06/22/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator to [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105.

Decision rationale: The request for Spinal Cord Stimulator to [REDACTED] is not medically necessary. The California MTUS recommends spinal cord stimulators only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) or Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. The clinical notes indicated that the injured worker was taken off of the methadone because it failed; however, the clinical notes dated 05/07/2014 indicated that the injured worker rated her a 2/10 using the VAS, after not taking the methadone per 07/30/2014 clinician's notes indicated the injured worker's pain was a 4/10 using the VAS. The clinical notes dated 07/30/2014 indicated the injured worker was restarting her methadone; however, no efficacy was documented after the injured worker had started it to see what the effects are. No physical therapy notes were available for review to see if physical therapy was effective with the patient. Spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. The documentation provided did not indicate that the injured worker had any contraindicated or special conditions warranting the spinal cord stimulator. As such, the request is not medically necessary.