MAXIMUS Federal Services

Case Number:	CM14-0122041		
Date Assigned:	08/06/2014	Date of Injury:	08/06/2009
Decision Date:	09/18/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/03/2014

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:

There were 138 pages provided for review. The application for independent medical review was for the surgery spinal cord stimulator trial. It was signed on August 1, 2014. Per the records provided, the patient is a 37-year-old male who was injured back in the year 2009. The patient works as a driver. He was standing on the deck of a tractor disconnecting anterior and electrical lines from the container when he fell off injuring himself on the truck steel frame, fuel tank and paved ground. He is post L4-S1 lumbar fusion with instrumentation on May 24, 2012. As of April 8, 2014 the pain level was nine out of 10. The medicines were Nexium, Lyrica and Celebrex. As of May 28, 2014 the doctor recommended a spinal cord stimulator trial. The request was made for a trial and psychological clearance. The patient underwent the psychological clearance on June 17, 2014. It is noted the patient was not receiving mental health treatment. The diagnoses were major depression, pain disorder and an anxiety disorder. There did not appear to be any major psychological risk factor that would preclude the patient from undergoing spinal cord stimulation implantation. The patient then was seen on July 8, 2014. The doctor indicates that the patient still is being considered for transforaminal epidural steroid injections and possibly hardware removal.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, Mental Illness & Stress Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, regardins Spinal Cord Stimulators.

Decision rationale: The California MTUS-ACOEM guidelines, Chapter 12, Special considerations and Surgical procedures, indicates: implantable spinal cord stimulators are rarely used and should be reserved for patients with low back pain for more than six months duration who have not responded to the standard nonoperative or operative interventions. The ODG-TWC guides indicate that there is some evidence supporting the use of Spinal Cord Stimulation (SCS) as a last resort therapy for selected conditions. (See indications list below.) Even then, success rates are not high - generally as little as 50% - and these implantable devices are very expensive; however, before implantation a patient specific trial of the device is possible and recommended.In this case, it does appear that other care had not been exhausted; the doctor did have other therapeutic plans in addition to trying this device. The SCS should be used as an end-stage, palliative intervention when all else has failed. The request is not medically necessary.In this case, it does appear that other care had not been exhausted; the doctor did have other therapeutic plans in addition to trying this device. The SCS should be used as an end-stage, palliative intervention when all else has failed. The request is appropriately non-certified.