

Case Number:	CM14-0127409		
Date Assigned:	08/15/2014	Date of Injury:	09/15/2008
Decision Date:	09/15/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/11/2014

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 Preventive Medicine and is licensed to practice in Texas. 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 45-year-old male who is reported to have fallen about 7 feet on 09/15/2009. The fall gave rise to injuries to his head, low back and both shoulders. He had low back surgery on 01/06/2009, but did not get the opportunity to do physical therapy as he returned to regular duty three days later for fear of losing his job. In 03/29/2013, he was referred for psychiatric/ psychological consult, acupuncture, physical therapy, and chiropractic consultation. The MRI of 09/2013 showed partial laminectomy at L4, multilevel retrolisthesis and Facet arthrosis at L4-5, disc bulge with bilateral narrowing of the neural foramen. On 03/19/2014, he was ordered Epidural Steroid Injection, Oxycontin, Gabapentin, Tizanidine, and Cymbalta. Also, he was referred to a weight loss specialist for possible bariatric surgery since the knee and back problems prevented him from exercising. He was placed on modified duty. He had the epidural steroid injection on 04/05/2014, but he did not benefit from it. He broke his left 9th rib from a fall a few weeks after the injection. On arrival to the hospital, he was found to have acute renal failure, but he explained it by saying that he had not been drinking water after the fall for fear of a repeat fall if he needs to use the restroom. His urea and creatinine returned to normal at the time of discharge. The injured worker returned to his doctor again on 06/24/2014 complaining of worsening pain in his shoulders and low back, and that he had lost about 20 pounds. His physical exam at this time revealed limited range of motion in his lumbar spine, healed scar in his lower back, paravertebral tension throughout his lumbar spine, positive straight leg raise, decreased sensations and weakness in his lower limbs. He has been diagnosed of failed back syndrome, status post partial Laminectomy at L4; MRI finding of Retrolisthesis of L4-5, L5-S1; MRI finding of 5mm disc bulge at L4-5; MRI finding of facet arthrosis at L3-4, L4-5, and L5-S1, and Lumbar Radiculopathy. In dispute is request for Dorsal Cord Spinal Cord Stimulator Trial for the Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dorsal Cord Spinal Cord Stimulator Trial for the Lumbar Spine: Overturned

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 Stimulatorsn Page(s): 105-107.

Decision rationale: The Utilization Reviewer was concerned that the injured worker has acute renal failure and there was no indication it had resolved since there was no report of the Chemistry results recommended by the Internist during a repeat visit. This is well founded, but the record reviewed revealed the urea and creatinine had normalized at the time of release from the hospital. Since the records indicate there is failed treatment with antidepressants, anticonvulsants, muscle relaxants and opioids; and epidural steroid injection, there is justification for other measures, especially when the report indicates he was referred for acupuncture, chiropractic care, physical therapy and psychological/ psychiatric consultation. The MTUS recommends trial of spinal cord stimulator for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, like failed back surgery and CRPS 1. Spinal cord stimulator treatment of chronic nonmalignant pain, including Failed Back surgery syndrome is reported to achieve 74% long-term success rate; reported better effectiveness compared to reoperation, and that should this procedure fail, reoperation is unlikely to succeed; furthermore, it is reported that 48% of failed back surgery patients treated with spinal cord stimulator achieved the primary outcome of 50% or more pain relief at 6 months compared to the 9% success rate in those treated by conventional medical management, and who have a successful trial of stimulation. Therefore, this request is medically necessary.