

Case Number:	CM14-0130319		
Date Assigned:	09/08/2014	Date of Injury:	08/02/2007
Decision Date:	10/10/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/15/2014

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 Orthopedic Surgery 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 59 year old male who reported injury on 08/02/2007. The mechanism of injury was not provided. The diagnoses included displacement of lumbar intervertebral disc, failed back surgery syndrome, and bilateral lumbar radiculopathy. The past treatments included physical therapy without relief, noted to have occurred in 2008. A psychological evaluation for spinal cord stimulator was dated 07/10/2014, and stated the injured worker was an excellent candidate for the spinal cord stimulation trial. An MRI of the lumbar spine was noted to show severe collapse at the levels of L2-3 and L3-4. Surgical history noted a lumbar laminectomy and fusion at L4-S1, in March of 2006. The spinal surgeon's progress note dated 07/18/2014, noted the injured worker complained of significant pain to his low back and bilateral legs, and he was still working full time as a teacher. The physical exam revealed strength rated 4/5 to the plantar and dorsiflexors bilaterally, and a negative Waddell's sign. Medications included Tramadol ER 150mg 1 twice daily as needed for back pain, Gabapentin 600mg 1 three times daily as needed for neuropathic pain, Naproxen 550mg 1 twice daily for musculoskeletal pain and inflammation, Norflex ER 20mg 1 twice daily as needed for muscle spasm, and Omeprazole 1 twice daily as needed for GI upset due to the medications. The treatment plan requested pool therapy to unload the lumbar spine and work on core strengthening, and to continue medications, as the injured worker felt the medications help control the pain and increase function, and he is able to perform his activities of daily living when taking the medication. The injured worker appears to have been followed by both a spinal surgeon and a non-surgical spine care/pain management physician on a monthly basis since May 2014. The pain management progress note dated 06/26/2014, noted the injured worker had low back pain radiating to the buttocks, thighs, calves, and feet bilaterally with numbness and paresthesias. The physical exam was not provided, however, there appears to be a page missing. Medications included Relafen 500mg twice daily,

Vicodin 5/300 mg three times a day, and Pristiq, and the treatment plan noted the injured worker was aware and wished to continue opioid therapy despite the risks. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators, Page(s): 105-107.

Decision rationale: The request for percutaneous spinal cord stimulator trial is not medically necessary. The injured worker had unmeasured pain to his low back radiating to his lower extremities, with numbness and paresthesias. The injured worker was noted to be working full time. The California MTUS guidelines recommend spinal cord stimulators only for selected patients in cases when less invasive procedures have failed or are contraindicated, and only for specific conditions including, failed back syndrome, complex regional pain syndrome, phantom limb pain, post herpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, and peripheral vascular disease. Spinal cord stimulation is a reasonably effective therapy for many patients suffering from neuropathic pain for which there is no alternative therapy. There was no measurement of the injured worker's pain. The failure of other therapies was not established as the treatment plan suggested pool therapy would be helpful, and the injured worker was able to work and perform activities of daily living when taking his medications. The injured worker does have a diagnosis of failed back surgery syndrome, and neuropathic pain; however, there is no evidence to indicate the failure of less invasive treatments for the injured worker's pain. As such, a spinal cord stimulator trial is not indicated at this time. Therefore, the request is not medically necessary.