

Case Number:	CM14-0138175		
Date Assigned:	09/05/2014	Date of Injury:	08/06/2012
Decision Date:	11/03/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/26/2014

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 Spine Surgeon 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 44-year-old female who reported an injury on 08/06/2012 due to cumulative trauma. Diagnoses were lumbar spine radiculopathy, fibromyalgia/myositis, cervical radiculopathy, muscle spasm, lumbar spine pain. Past treatments were medications, chiropractic sessions, physical therapy, and trigger point injections. Physical examination on 07/29/2014 revealed that the injured worker was to receive trigger point injections. Examination revealed cervical spine bilateral paraspinous tenderness. Palpable twitch, positive trigger points were noted in the muscles of the head and neck. Examination of the thoracic spine revealed palpable twitch, positive trigger points were noted in the thoracic paraspinous muscles. Range of motion for the thoracic spine was normal. Examination of the lumbar spine revealed straight leg raise on the right to 30 degrees was positive. Straight leg raise on the left was to 60 degrees and positive. Palpation of the lumbar facet revealed pain on both sides at L3-S1 region. There was pain noted over the lumbar intervertebral spaces on palpation. There was a palpable twitch, positive trigger point noted in the lumbar paraspinous muscles. The injured worker walked with the use of a walker. Lumbar flexion was to 50 degrees, anterior flexion caused pain. Extension of the lumbar spine was to 15 degrees and left lateral flexion was to 20 degrees, right lateral flexion was to 20 degrees. Motor strength was normal except pain inhibited weakness of the bilateral hip flexors, knee flexors, and knee extensors and dorsiflexor. Sensation was decreased in the lower extremity of the bilateral upper distribution and intact except for L5-S1 dermatomes. Medications were Cymbalta, Flexeril, diazepam, Fioricet, tramadol, promethazine, Percocet, Norco, Neurontin, Skelaxin, and Zanaflex. Treatment plan was for trigger point injections. Future treatment plan was for spinal cord stimulator trial x 2 leads. The rationale and Request for Authorization were submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial x 2 leads: Upheld

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 Psychological Evaluations, SCS, Spinal Cord Stimulator Page(s): 101,105,106.

Decision rationale: The California Medical Treatment Utilization Schedule indicates that spinal cord stimulators are recommended only for selected injured workers in cases when less invasive procedures have failed or are contradicted. It further indicates that for stimulator implantation, an injured worker should have a diagnosis of failed back syndrome with persistent pain, injured workers who have undergone at least 1 back surgery, or injured workers who have the diagnosis of complex regional pain syndrome (CRPS)/reflex sympathetic dysfunction (RSD). Additionally, it recommends a psychological evaluation for a spinal cord stimulator (SCS) trial. Other diagnoses would be failed back surgery syndrome, phantom limb pain, post herpetic neuralgia, spinal cord injury, multiple sclerosis, or peripheral vascular disease. The injured worker did not have any of those diagnoses. The clinical information submitted for review does not provide evidence to justify spinal cord stimulator trial x 2 leads. Therefore, this request is not medically necessary.

Pre-operative clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not medically necessary, the requested ancillary services are also not medically necessary.