

Case Number:	CM14-0149991		
Date Assigned:	09/18/2014	Date of Injury:	08/01/2007
Decision Date:	12/31/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine & Rehabilitation, 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:

This 43 year-old patient sustained an injury on 8/1/07 while employed by [REDACTED]. Request(s) under consideration include Electric spinal stimulator trial x2. Diagnoses include lumbar degenerative disc disease s/p lumbar fusion at L4-S1 on 4/18/13; chronic pain syndrome; and s/p gastric bypass. Conservative care has included medications, therapy, lumbar epidural steroid injection, and modified activities/rest. Orthopedic report of 6/24/14 noted the patient to be declared permanent and stationary. The patient continues with lumbar spine pain, constant and moderate. Exam showed limited lumbar range with flex/ext/ rotation/ lateral bending of 35/15/25/30 degrees; lumbar area scar. Lumbosacral spine 6 views x-rays showed intact L4-S1 pedicle screws and interbody grafts and interconnecting rods. It was noted the patient to have available medical care to include analgesics/ anti-inflammatory medications; physical therapy, and surgical treatment for removal of retained metal with exploration and revision of fusion. Report of 7/24/14 from the provider noted patient with chronic low back and left leg pain rated at 6/10. Exam showed lumbar muscle spasm, trigger points at left paravertebral muscles with pain on palpation; limited range in all planes; posterior surgical scar; decreased L5 dermatomes with left quadriceps and dorsiflexors weakness with treatment for stim trial. The request(s) for Electric spinal stimulator trial x2 was non-certified on 8/28/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric spinal stimulator trial x2: 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 spinal cord stimulators (SCS); Psychological evaluations Page(s): 105-107 and 101-102..

Decision rationale: This 43 year-old patient sustained an injury on 8/1/07 while employed by [REDACTED]. Request(s) under consideration include Electric spinal stimulator trial x2. Diagnoses include lumbar degenerative disc disease s/p lumbar fusion at L4-S1 on 4/18/13; chronic pain syndrome; and s/p gastric bypass. Conservative care has included medications, therapy, lumbar epidural steroid injection, and modified activities/rest. Orthopedic report of 6/24/14 noted the patient to be declared permanent and stationary. The patient continues with lumbar spine pain, constant and moderate. Exam showed limited lumbar range with flex/ext/rotation/ lateral bending of 35/15/25/30 degrees; lumbar area scar. Lumbosacral spine 6 views x-rays showed intact L4-S1 pedicle screws and interbody grafts and interconnecting rods. It was noted the patient to have available medical care to include analgesics/ anti-inflammatory medications; physical therapy, and surgical treatment for removal of retained metal with exploration and revision of fusion. Report of 7/24/14 from the provider noted patient with chronic low back and left leg pain rated at 6/10. Exam showed lumbar muscle spasm, trigger points at left paravertebral muscles with pain on palpation; limited range in all planes; posterior surgical scar; decreased L5 dermatomes with left quadriceps and dorsiflexors weakness with treatment for stim trial. The request(s) for Electric spinal stimulator trial x2 was non-certified on 8/28/14. MTUS guidelines state that spinal cord stimulators are only recommended for selected patients as there are limited evidence of functional benefit and efficacy for those with failed back surgery syndromes. It may be an option when less invasive procedures are contraindicated or has failed and prior psychological evaluations along with documented successful trial are necessary prior to permanent placement for those patients with diagnoses of failed back syndrome; post-amputation pain; post-herpetic neuralgia; spinal cord dysesthesia/injury; confirmed CRPS; multiple sclerosis or peripheral vascular diseases. Submitted reports have not demonstrated support to meet these criteria and have not adequately demonstrated any failed conservative treatment, ADL limitations, clear specific clinical findings, and psychological evaluation/ clearance to support for SCS. The Electric spinal stimulator trial x2 is not medically necessary and appropriate.