

Case Number:	CM14-0150947		
Date Assigned:	09/19/2014	Date of Injury:	12/13/2011
Decision Date:	11/18/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/16/2014

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:

The injured worker is a 46-year-old female who sustained an injury on 12/13/11. As per report of 08/01/14, she complained of discomfort in her back radiating to her right leg with constant right leg pain. On 07/23/14, she complained of numbness and tingling. Her pain was constantly 10/10 on VAS and she also reported depressed mood and poor sleep. On exam, there was mild diffuse nonspecific tenderness to palpation reported in the paravertebral musculature about the lumbosacral region. Range of motion of the back created discomfort in all planes. She had positive straight leg raising on the right and negative on the left and had decreased sensation in a nondermatomal distribution. Hip joint motion created discomfort about the back. Lumbar MRI report dated 12/31/13 revealed status post L3-L4 and L4-L5 fusion; no significant central canal or neuroforaminal narrowing identified T12-S1. Electrodiagnostic studies on 06/19/14 revealed electromyographic findings were supportive of chronic L5 nerve root irritation on the right side and chronic S1 nerve root irritation on the left side. No electrophysiological evidence of entrapment neuropathy on the peroneal, and tibial nerves and no evidence to support distal peripheral neuropathy in the lower extremities. She underwent a back surgery in October 2013. Current medications include Methadone. Her past treatments include epidural steroid injection after which she had about 2 weeks of relief and again pain reoccurred. On 07/07/14, the patient reported that she had an injection in her spine and it gave her virtually no relief. Medications and physical therapy did not help her. Diagnosis includes status post anterior lumbar discectomy and fusion with residual right leg pain. The request for Spinal Cord Stimulator Trial was denied on 08/19/14 due to lack of medical necessity guidelines.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SCS Page(s): 105.

Decision rationale: According to the CA MTUS guidelines, Spinal cord stimulator (SCS) is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Per guidelines, spinal cord stimulator (SCS) should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. Also, psychological evaluation is recommended prior to trial. Indications for SCS include Failed back surgery syndrome (more helpful and works best for neuropathic pain, but is generally ineffective in treating nociceptive pain), CRPS, Phantom pain, Post-herpetic neuralgia, dysesthesia following spinal cord injury, pain associated with MS and pain due to peripheral vascular disease. In this case, the IW has been diagnosed with failed back surgery syndrome which is an indication for SCS. However, there is no record of psychological evaluation prior to trial of SCS to demonstrate the IW is a good candidate for this treatment. Therefore, the criteria for SCS trial / implantation are not met; therefore the request is not medically necessary.