

Case Number:	CM14-0151672		
Date Assigned:	09/19/2014	Date of Injury:	03/03/2009
Decision Date:	12/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/17/2014

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 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:

According to the records made available for review, this is a 54-year-old male with a 3/3/09 date of injury. At the time (8/22/14) of Decision for Spinal cord stimulator trial for the left lower extremity/lumbar spine, there is documentation of subjective (low back pain that radiates to the left thigh with toe numbness) and objective (numbness in the right lumbar spine, reduced sensation to light touch and pinwheel at the right L5-S1 distribution, and positive straight leg raise on the left) findings, current diagnoses (backache, lumbosacral neuritis, lumbar post laminectomy syndrome, and thoracic post laminectomy syndrome), and treatment to date (facet joint injections, trigger point injections, and medications). There is no documentation of primarily lower extremity pain and a psychological evaluation prior to a trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial for the left lower extremity/lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators; CRPS, spinal cord stimulators Page(s): 105-107, 38.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), primarily lower extremity pain, less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of failed back syndrome. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of CRPS/RSD, careful counseling and patient identification, that the SCS will be used in conjunction with comprehensive multidisciplinary medical management, and that SCS will be combined with physical therapy, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of CRPS/RSD. Within the medical information available for review, there is documentation of diagnoses of backache, lumbosacral neuritis, lumbar post laminectomy syndrome, and thoracic post laminectomy syndrome. In addition, there is documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation). Furthermore, given documentation of treatment to date (facet joint injections, trigger point injections, and medications), there is documentation that less invasive procedures have failed. However, despite documentation of subjective (low back pain that radiates to the left thigh with toe numbness) and objective (numbness in the right lumbar spine, reduced sensation to light touch and pinwheel at the right L5-S1 distribution, and positive straight leg raise on the left, there is no documentation of primarily lower extremity pain. In addition, there is no documentation of a psychological evaluation prior to a trial. Therefore, based on guidelines and a review of the evidence, the request for Spinal cord stimulator trial for the left lower extremity/lumbar spine is not medically necessary.