

Case Number:	CM14-0155603		
Date Assigned:	09/25/2014	Date of Injury:	02/18/1992
Decision Date:	10/27/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family 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:

This is a 74-year-old female patient who reported an industrial injury to the back on February 18, 1992, over 22 years ago, attributed to the performance of her usual and customary job tasks. The patient is noted to have had two surgical interventions to the lumbar spine. The patient complains of ongoing back and leg pain with weakness to the bilateral lower extremities. The patient is not working. The objective findings on examination included well-developed; appears stated age; oriented; normal respiration; no clubbing cyanosis edema with full range of motion of all joints; no neurological deficits; and an antalgic gait. The orthopedic examination was noted to be low back and leg examination was unchanged since prior visit. The impression was chronic low back pain, peripheral vascular disease, polyneuropathy, and failed lumbar back surgery. The patient was diagnosed with thoracic lumbosacral neuritis/radiculitis. The treatment plan included acupuncture; Valium 10 mg; Toprol-XL; temazepam; simvastatin; omeprazole; and ibuprofen. The treatment plan included a spinal cord stimulator 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: 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 Page(s): 105-07. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter psychological evaluations IDDS and SCS; spinal cord stimulators;

Decision rationale: The request SCS trial for this patient was not reasonable based on the objective findings on examination documented by the requesting physician. There is no documentation that the SCS is the treatment of last resort for this patient. There is no evidence the available treatment has been exhausted with no demonstrated functional improvement. The patient is noted to have chronic low back pain with weakness to the bilateral lower extremities including a peripheral vascular disease. There is no documentation by the requesting physician of the conservative care provided to date for the surgical care provided to date that has resulted in intractable pain to support the medical necessity of a treatment of last resort. The medical records do not document a psychological clearance for a spinal cord stimulator trial as there is only documented the fact that the patient had a pain psychology evaluation in the past. This does not meet the requirement of a psychological clearance for the implantation of a spinal cord stimulator. The request does not meet the criteria recommended by evidence-based guidelines. The provided diagnoses of chronic back pain s/p to surgical interventions to the lumbar spine does not meet the criteria of the use of the recommended SCS. The patient complains of residual back and lower extremity pain. The patient is not documented to meet the criteria recommended by the CA MTUS for the trial of a SCS. The use of the SCS is noted to be a treatment of last resort after demonstrating failure of the available treatment modalities. The available treatment for this patient has not been exhausted as other treatment modalities are still available for the treatment of the patient for the objective findings documented. The use of the stimulator is being considered in the overall treatment plan of functional rehabilitation and may lead to fictional improvement; however, the patient is not documented to meet the criteria recommended for a SCS trial. The spinal column stimulator is a non-narcotic method to obtain some pain relief in conjunction with an active program for rehabilitation. The patient has not met the criteria recommended by the evidence-based guidelines for the treatment of chronic intractable pain. Conventional conservative treatment and surgical intervention have not been demonstrated to have failed as the patient is maintained with prescribed medications. There is no demonstrated medical necessity for the prescribed spinal cord stimulator trial. Therefore, the request for a spinal cord stimulator is not medically necessary or appropriate.