

Case Number:	CM14-0162633		
Date Assigned:	10/07/2014	Date of Injury:	07/07/2010
Decision Date:	12/02/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/03/2014

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 Occupational 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 60-year-old male who reported low back pain after an injury on 07/07/2010. Her orthopedic diagnoses are status post L4-L5 and L5-S1 fusion with hardware, residual right lower extremity radiculitis, and chronic right L5 radiculopathy. He is also diagnosed with depression and anxiety, and has been seeing a psychiatrist for years. A CT scan on 2/3/14 showed a lack of solid fusion at both levels, lucency about the pedicle screws at S1 right side greater than left, and a disc protrusion with moderate to severe bilateral foraminal stenosis. Treatment has included epidural steroid injections in 2010 and 2011, a TENS unit, physical therapy, medication, and lumbar surgery in September 2011. An EMG on 2/14/13 was normal. An EMG on 02/27/2014 showed chronic right L5 radiculopathy. The surgery was an L4-L5 and L5-S1 posterior spinal fusion with instrumentation. Per an AME on 1/28/14 and 2/27/14, a repeat surgery was an option and the injured worker was referred to surgeon. On 7/2/14, a spine surgeon evaluated the injured worker and noted the lack of a successful fusion. Treatment options included a spinal cord stimulator and a repeat fusion. The injured worker declined surgery. Per the PR2 of 8/20/14, there was constant low back pain with radiation into the right thigh. Range of motion was limited, sensation was decreased, and strength was normal. Medications included Hydrocodone, Cyclobenzaprine, Gabapentin, and Omeprazole. The treatment plan included a spinal cord stimulator for right leg pain, and low back pain. The treatment request was for a Pain Management consultation for consideration of spinal cord stimulator trial and psychological clearance. On 9/13/14, Utilization Review deemed not medically necessary for a spinal cord stimulator trial and a psychological consultation, noting the possibility of another surgery to address the loosened screws, and the predominance of the axial pain. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation for Consideration of Spinal Cord Stimulator Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Spinal Cord Stimulators. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Spinal Cord Stimulators

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 101,105.

Decision rationale: One of the indications for a spinal cord stimulator per the MTUS is failed back syndrome, and the spinal cord stimulator is more helpful for lower extremity than low back pain. The MTUS recommends a psychological clearance prior to any trial of the spinal cord stimulator. This injured worker has a strong psychiatric history and continued to see a psychiatrist for years since his injury. Given that there has been no psychological evaluation yet, the trial of the spinal cord stimulator is not medically necessary per the recommendations of the MTUS.

Psychological Re-Evaluation for Psychiatric Clearance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators, Psychological Evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 101,105.

Decision rationale: As noted in the MTUS, one of the indications for a spinal cord stimulator trial is the "failed back syndrome," which is present in this injured worker. The MTUS recommends a psychological clearance prior to any spinal cord stimulator trial. Given the MTUS recommendations and the ongoing psychiatric disease, the psychological evaluation is medically necessary. The Utilization Review non-certified this request due to the spinal cord stimulator trial not being medically necessary. Utilization Review did not adequately address the indications for the spinal cord stimulator in light of the MTUS. The injured worker has a significant component of leg pain, and it is not required that the injured worker have leg pain only when considering a spinal cord stimulator. There is no plan for surgery and the injured worker has specifically declined surgery, so that is not an adequate reason not to consider a spinal cord stimulator.