

Case Number:	CM14-0165274		
Date Assigned:	10/10/2014	Date of Injury:	05/13/2011
Decision Date:	11/10/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/07/2014

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 56-year-old female with a 5/13/11 date of injury. At the time (8/28/14) of request for authorization for Spinal cord stimulator trial under fluoroscopic guidance, there is documentation of subjective (low back and bilateral lower extremity pain) and objective (tenderness over bilateral lumbar paraspinous region with decreased range of motion, positive bilateral straight leg raise, and hyposthesia over left L5/S1 dermatome) findings, current diagnoses (lumbar radiculopathy and cervicothoracic sprain/strain), and treatment to date (physical therapy, home H-wave unit, epidural steroid injection, and medications). Medical report identifies a request for spinal cord stimulator for the treatment of severe lower extremity neuropathic pain and radicular low back pain; and a 6/30/14 report of pre-surgical psychological screening. There is no documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation).

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-106. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/20119458> Radiation exposure in percutaneous spinal cord stimulation mapping: a preliminary report. Wininger KL1, Deshpande KK, Deshpande KK.

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 lumbar radiculopathy and cervicothoracic sprain/strain. In addition, given documentation of conservative treatment (physical therapy, home H-wave unit, epidural steroid injection, and medications), there is documentation that less invasive procedures have failed. Furthermore, given documentation of a request for spinal cord stimulator for the treatment of severe lower extremity neuropathic pain and radicular low back pain, there is documentation of primary lower extremity pain. Lastly, given documentation of a 6/30/14 report of pre-surgical psychological screening, there is documentation of a psychological evaluation prior to a trial. However, there is no documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation). Therefore, based on guidelines and a review of the evidence, the request for Spinal cord stimulator trial under fluoroscopic guidance is not medically necessary.