

Case Number:	CM14-0172698		
Date Assigned:	10/23/2014	Date of Injury:	11/15/2011
Decision Date:	11/25/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/20/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 45 year old with an injury date on 11/15/11. Patient complains of worsening neuropathic pain rated 7/10 from her bilateral waist to her bilateral knees, especially with walking long distances per 9/17/14 report. The pain is described as numb, sharp, shooting, burning per 9/17/14 report. Patient has lost weight (2 pant sizes) due to increased activity and is currently walking 1-3 miles a day with rest in between per 9/17/14 report. Based on the 9/17/14 progress report provided by [REDACTED] the diagnoses are: 1. sacroiliac spine strain 2. lumbago 3. lumbar degenerative disc disease 4. lumbar facet arthropathy 5. lumbar radiculitis 6. sciatica Exam on 9/17/14 showed "decreased lumbar range of motion, L4-5 dermatomes sensory deficits, bilateral. Antalgic gait, slowly ambulates with single point cane." Patient's treatment history includes medications (Gabapentin, Lyrica, Nortriptyline) and lumbar epidural steroid injection, and all prior treatments have failed per 9/17/14 report. [REDACTED] is requesting spinal cord stimulator (SCS) trial. The utilization review determination being challenged is dated 9/26/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/10/14 to 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator (SCS) Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator (SCS) Page(s): 101, 107.

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

Decision rationale: This patient presents with pain in lower extremities. The treating physician has asked for spinal cord stimulator (SCS) trial on 9/17/14. Review of the reports do not show any evidence of a spinal cord stimulator being used in the past. MTUS recommends neurostimulation when less invasive procedures have failed or are contraindicated, for failed back surgery syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesias, multiple sclerosis, peripheral vascular disease, and angina - following a successful trial. In this case, the patient presents with chronic back pain, but not with with any of the indications that MTUS necessitates for a spinal cord stimulator. The request for Spinal Cord Stimulator (SCS) trial is not medically necessary.