

Case Number:	CM14-0192144		
Date Assigned:	11/25/2014	Date of Injury:	06/06/2006
Decision Date:	01/13/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 55 year old female who was injured at work on 06/06/2006 . She is reported to be complaining of bilateral low back pain radiating to the right buttock, right worse than left. The pain is worsened by prolonged standing, walking twisting, lifting, driving and bearing down activities. The physical examination revealed limited range of motion of bilateral lower extremities due to pain, limited range of motion of the lumbar spine. The worker has been diagnosed of displacement of thoracic or lumbar intervertebral disc without myelopathy, post laminectomy syndrome of lumbar region, lumbar radiculopathy, lumbar disc protrusion, spinal stenosis of lumbar region, and thoracic or lumbar neuritis or radiculitis unspecified. Treatments have included sacroiliac joint injection, lumbar fusion in 2004, Oxycodone, MS Contin, Tizanidine, Xanax, and Cymbalta. An October 14, 2014 report stated she was psychologically cleared for spinal cord stimulator trial. At dispute is the request for fluoroscopically guided percutaneous spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided percutaneous spinal cord stimulator: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 106-107.

Decision rationale: The injured worker sustained a work related injury on 06/06/2006. The medical records provided indicate the diagnosis of displacement of thoracic or lumbar intervertebral disc without myelopathy, post laminectomy syndrome of lumbar region, lumbar radiculopathy, lumbar disc protrusion, spinal stenosis of lumbar region, and thoracic or lumbar neuritis or radiculitis unspecified. Treatments have included sacroiliac joint injection, lumbar fusion in 2004, oxycodone, MS Contin, Tizanidine, Xanax, and Cymbalta. The medical records provided for review do indicate a medical necessity for fluoroscopically guided percutaneous spinal cord stimulator. The MTUS recommends a trial of spinal cord stimulator in select patient who have failed treatment with noninvasive methods. For such patients, the treatment is to be preceded by psychological evaluations. Listed in this select group of patients are those with Failed Back Surgery Syndrome (FBSS), Complex Regional Pain Syndrome (CRPS) Type 1, phantom leg syndrome, post herpetic neuralgia. The records indicate the injured worker suffers from failed back surgery syndrome (persistent pain in patients who have undergone at least one previous back operation); the 10/14/14 report from his doctor stated he has been cleared for the procedure following a psychological examination. Therefore, the requested treatment is medically necessary.