

Case Number:	CM14-0025216		
Date Assigned:	06/11/2014	Date of Injury:	05/12/2009
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/27/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 injured worker is a 59-year-old male with an injury reported on 05/12/2009. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/03/2014 reported the injured worker complained of low back pain that radiated to his right buttock, lateral thigh, and calf. The physical examination revealed lumbar range of motion limited in all planes. Sensory examination revealed decreased light touch sensation in his right lateral thigh and calf. The injured worker's prescribed medication list included tramadol and Lyrica. The injured worker's diagnoses included status post L2-S1 spinal fusion with instrumentation with pseudarthrosis at L5-S1 and status post removal of deep spinal implants with exploration of fusion. The provider requested spinal cord stimulator trial. The clinical note dated 02/26/2014 reported the provider's rationale was to curtail or eliminate his bilateral lower extremities radicular symptoms. The request for authorization was submitted on 02/25/2014. The injured worker's prior treatments were not provided in the clinical notes.

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 Page(s): 105-106.

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

Decision rationale: The request for spinal cord stimulator trial is non-certified. The injured worker complained of low back pain that radiated down to his right lateral thigh and calf. The treating physician's rationale for the spinal cord stimulator trial is to curtail or eliminate the injured worker's bilateral lower extremities radicular symptoms. The California MTUS guidelines recommend spinal cord stimulators (SCS) only for selected patients in cases when less invasive procedures have failed or are contraindicated, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. It was noted the injured worker has had previous lumbar surgeries. It was noted that the injured worker's medication list included tramadol and Lyrica. There is a lack of clinical information indicating the injured worker's pain was unresolved with these medications. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition and any significant functional deficits were not provided. There was a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercises, and/or NSAIDs. Furthermore, there is a lack of clinical information indicating the injured worker has had a consultation with a pain specialist. Also, there is a lack of clinical information indicating the injured worker has a psychological evaluation prior to the spinal cord stimulator trial. As such, the request is not medically necessary.