

Case Number:	CM14-0025419		
Date Assigned:	06/25/2014	Date of Injury:	08/16/1999
Decision Date:	07/28/2014	UR Denial Date:	01/24/2014
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 Family Practice and is licensed to practice New Jersey. 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 worker is a 53 year old female who was injured on 6/16/99. She was diagnosed with lumbosacral radiculopathy, chronic pain syndrome, carpal tunnel syndrome, facet joint syndrome, internal derangement of the left knee, herniated disc lumbar, obesity, depression, sleep apnea,. Over the years after her injury she was treated various medications, surgery (left knee), exercises, epidural injections, topical analgesics, and physical therapy. Although she has nearly exhausted all other therapies, she still experiences chronic pain in the lumbar area and knees. She has seen a surgeon who did not recommend surgery on her lower back. Progressive weight gain from inactivity has likely contributed to her having persistent worsening of her pain, according to her treating physician. She was recommended surgery on her right knee, however. She was seen on 9/16/13 by her primary treating physician complaining of lumbosacral pain and radiation to left leg rated at a 6/10 at its worse and that her oral medications including opioids do not significantly decrease her pain. She reported limited activity due to the pain, however with the medication she reports improving her functions of sitting standing and walking by 60%. She was then recommended a spinal stimulator trial due to her failure to gain further improvements with the then current treatment strategies, and not being a candidate for surgery. She was sent for a psych evaluation for readiness for this intervention and a request was place for its use. Future requests had been made over the next few months. No new treatments or significant changes in the worker's presentation, physical examination or overall diagnoses was noted following this first request for the spinal stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trail Spinal Cord Stimulator.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, spinal cord stimulators (SCS).

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that spinal cord stimulators (SCS) is indicated only in the following situations: 1. Failed back surgery syndrome, 2. Complex regional pain syndrome/reflex sympathetic dystrophy, 3. Post amputation pain (phantom limb pain), 4. Post herpetic neuralgia, 5. Spinal cord injury dysesthesias (radiculopathy related to spinal injury), 6. Pain associated with multiple sclerosis, and 7. Peripheral vascular disease causing pain. SCS may be recommended only after careful counseling and comprehensive multidisciplinary medical management and with continued physical therapy. After reviewing carefully the documents provided for review, the worker seems to not be responding optimally to the current medical treatments, being mostly oral opioids to treat her primary complaint of lower back pain with radiating pain into the left leg. Prior requests for a spinal stimulator have been denied due to the worker not fulfilling the criteria stated in the MTUS Chronic Pain Treatment Guidelines. I do not see any record of the worker having had a failed back surgery, no diagnosis of complex regional pain syndrome was given to this worker, no history of post-herpetic neuralgia or spinal cord injury or MS-related pain, or PAD. The patient's obesity is certainly going to contribute to her overall pain level and limited function. The request for a Trial Spinal Cord Stimulator is not medically necessary.