

Case Number:	CM14-0030286		
Date Assigned:	06/20/2014	Date of Injury:	02/20/2012
Decision Date:	07/30/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/10/2014

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 Medicine and Rehabilitation 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 56-year-old male with a reported injury on 02/20/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 04/03/2014 reported that the injured worker complained of right leg pain with a burning sensation and mild dysesthesias. The physical examination revealed positive straight leg raise on the right with burning sensation in the dorsum and bottom of the foot. The injured worker's diagnoses included lumbar radiculopathy, right greater than left, L4-5 lumbar stenosis, status post L4-5 laminectomy in 03/2013, and right sided sacroiliitis. The provider requested a psychological evaluation prior to spinal cord stimulation trial and a trial for spinal cord stimulator. The rationales were not provided within the clinical notes. The request for authorization was submitted on 03/06/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation prior to SCS trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators Page(s): 101.

Decision rationale: The MTUS Chronic Pain Guidelines recommend psychological evaluation for pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. There is a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercises, and/or overall medication therapy. The injured worker's prescribed medication list was not provided within the clinical documentation; therefore, the effectiveness of the medication on the injured worker's pain is not provided for review. Given the information provided, there is insufficient evidence to determine appropriateness of a psychological evaluation prior to SCS trial to warrant medical necessity. As such, the request is not medically necessary and appropriate.

Trial of spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator.

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

Decision rationale: The injured worker complained of right lower extremity pain. The treating physician's rationale for trial of spinal cord stimulator was not provided within the clinical notes. The MTUS Chronic Pain Guidelines recommend spinal cord stimulators (SCS) only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, 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. There is a lack of clinical information indicating that the injured worker has had a psychological evaluation prior to the spinal cord stimulator. There is a lack of clinical information indicating that the injured worker had the specific condition of failed back syndrome. There is a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercise, and/or oral medication therapy. Given the information provided, there is insufficient evidence to determine appropriateness of the trial of a spinal cord stimulator to warrant medical necessity. As such, the request is not medically necessary and appropriate.