

Case Number:	CM14-0048467		
Date Assigned:	07/07/2014	Date of Injury:	08/06/2012
Decision Date:	09/10/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational Medicine 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 43-year-old female who has submitted a claim for lumbar intervertebral disc displacement without myelopathy associated with an industrial injury date of August 6, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of migraine headaches and low back pain rated 8/10 radiating to the bilateral lower extremities, left greater than right. Physical examination showed bilateral paraspinous tenderness of the cervical spine; twitch positive trigger points on head, neck and thoracic paraspinous muscles; and pain on cervical spine motion; positive straight leg raise on the right at 30 degrees, and on the left at 60 degrees; tenderness of the lumbar facets at the bilateral L3-S1 region, and lumbar intervertebral disc spaces; and pain on lumbar spine motion. The diagnoses were; lumbar radiculopathy, lumbar spine pain, fibromyalgia/myositis, cervical radiculopathy, and muscle spasm. Treatment plan includes a request for spinal cord stimulator trial and preoperative clearance with H&P, EKG, chest x-ray, and labs. Treatment to date has included oral and topical analgesics, muscle relaxants, chiropractic therapy, transforaminal epidural injection, home exercise program, physical therapy, acupuncture and trigger point injections. The utilization review from March 28, 2014 denied the request for spinal cord stimulator trial, because no psychological evaluation was done to determine if claimant is a candidate for a spinal cord stimulator implantation. The request for preoperative clearance with H&P, EKG, chest x-ray, and labs was also denied because spinal cord stimulator trial was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator trial X2 leads: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Section: Low Back - Lumbar & Thoracic (Acute & Chronic); Pain (Chronic).

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, page(s) 105-107, state that spinal cord stimulators are recommended only for, selected patients in cases when less invasive procedures have failed or are contraindicated. Indications for stimulator implantation include: failed back syndrome, Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), post amputation pain (phantom limb pain), post herpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, and peripheral vascular disease. In this case, the patient does not present with any of the above indications for spinal cord stimulator implantation. There was also no objective evidence of failure of conservative treatment to manage low back pain based on the medical records submitted. The medical necessity was not established. There was no clear rationale for the request. Therefore, the request for Spinal Cord Stimulator trial X2 leads is not medically necessary.