MAXIMUS Federal Services

Case Number:	CM14-0051416		
Date Assigned:	06/23/2014	Date of Injury:	12/15/2010
Decision Date:	07/25/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/21/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 60 year old male whose date of injury is 12/15/10. The mechanism of injury is not provided. Progress report dated 02/12/14 notes that the injured worker presents with chief complaint of low back pain, leg pain, and chronic pain. he is noted to have undergone lumbar surgery a year and a half ago, but has ongoing low back pain and leg pain. Current medications are Percocet, Lyrica, Flexeril and Ambien. On examination the injured worker had diminished range of motion of the low back, with palpatory tenderness along the lumbosacral junction. He has positive straight leg raise bilaterally. Sensory exam revealed paresthesias in both legs with diminished light touch and hyperalgesia in the back of the legs and down to the feet. He has some slight swelling with no pitting edema in the ankles. He has weakness in both legs about 4+/5 bilaterally. Reflexes are diminished at both L4 and S1 bilaterally. It was felt that epidural steroid injections or other injections would not be beneficial, but a spinal cord stimulator would be indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial spinal cord stimulator QTY: 1: Upheld

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

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

Decision rationale: Spinal cord stimulator (SCS) is recommended for selected patients when less invasive procedures have failed or are contraindicated, for specific conditions indicated below (e.g., Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I), and following a successful temporary trial. There should be a psychological evaluation prior to SCS trial to determine if a patient is an appropriate candidate with realistic expectations. There is no comprehensive history of the nature and extent of other conservative, non-invasive measures that the injured worker has tried and failed. Most recent progress note states that the injured worker has chronic regional pain syndrome type pain but there are no findings on clinical examination consistent with a diagnosis of CRPS. The injured worker reportedly was being referred to a pain psychologist, but no psychological assessment was submitted for review. Based on the clinical information provided, the request for trial (SCS) qty: 1 is not recommended as medically necessary.