

Case Number:	CM14-0066329		
Date Assigned:	07/11/2014	Date of Injury:	06/27/2000
Decision Date:	09/18/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/09/2014

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 39-year-old male who reported an injury on 06/27/2000. The mechanism of injury was a lifting injury. The injured worker underwent a psychological evaluation for the purpose of a spinal cord stimulator placement by which the injured worker was cleared for the requested surgical intervention. Prior surgical history included a lumbar laminectomy at L4-5 and a bilateral root decompression with fusion at L4-5 and L5-S1. The injured worker had a removal of the bone graft stimulator and an additional decompression in 06/2009. The documentation indicated the injured worker underwent an MRI of the lumbar spine on 08/28/2011 which revealed a posterior fusion at L4-S1, laminectomy defects at L4-5, and facet arthropathy at L3-4. Prior treatments included physical therapy and caudal epidural steroid injections. The documentation of 02/13/2014 revealed the injured worker had pain that was opined to be likely secondary to scar tissue. The injured worker was noted to have a stable fusion. The patient was noted to have an EMG and nerve conduction study on 10/31/2012 which showed abnormal studies of the bilateral lower extremities with evidence of chronic L4-5 radiculopathy, but no evidence of peripheral neuropathy or myopathy. Additionally, the injured worker was noted to have x-rays in 2012 showed posterolateral instrumented fusion with retained hardware in place. The injured worker's prior treatments included massage and acupuncture, as well as epidural steroid injections. The documentation indicated there was a discussion regarding a spinal cord stimulator as an option. The injured worker's medications included Tramadol 50 mg 2 to 3 times a day, Lyrica 20 mg twice a day, Ambien 15 mg at night, and Naproxen. The physical examination revealed the injured worker had an antalgic gait and forward flexion and extension were decreased and side-to-side rotation was intact. There were no obvious sensory or motor deficits noted. There was tenderness to palpation in the low back. The injured worker indicated the pain was primarily 80% in the lower extremities versus 20% in

his back. The diagnosis included postlaminectomy pain syndrome with evidence of chronic neuropathy. The treatment plan included the injured worker was a reasonable candidate for a spinal cord stimulator; however, it was some time since he had an epidural steroid injection. As such, the physician would consider an epidural steroid injection as a first step to determine whether the injured worker had some short-term improvement and then there would be consideration of a spinal cord stimulator. There was no request for authorization form submitted for the requested procedure.

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 chapter not given Page(s): 101, 107. Decision based on Non-MTUS Citation Official disability guidelines, pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators); Spinal Cord Stimulator (SCS) Page(s): 101; 105-107.

Decision rationale: The California MTUS Guidelines recommend spinal cord stimulators for injured workers in cases when less invasive procedures have failed or are contraindicated. They are utilized for the treatment of failed back syndrome. Additionally, there should be a psychological evaluation prior to the stimulator cord trial. The psychological evaluation was submitted for review. However, the clinical documentation submitted for review indicated the physician would like to trial a repeat epidural steroid injection prior to spinal cord trial. There was a lack of documentation supplied for review specifically requesting a spinal cord stimulator trial. Given the above, the request for spinal cord stimulator trial is not medically necessary.