

Case Number:	CM14-0069113		
Date Assigned:	07/14/2014	Date of Injury:	09/14/2001
Decision Date:	10/01/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 was injured in 2001. The diagnoses are low back pain, neuropathy, fibromyalgia and sacroiliac joint pain. There are associated diagnoses of depression, anxiety, insomnia, PTSD and short term memory loss. The urinary drug screening (UDS) on 3/18/2014 was positive for Marijuana, Tramadol and Meprobamate. On 2/10/2014, [REDACTED] noted subjective complaint of low back pain radiating to the lower extremities. There was negative straight leg raising tests and normal reflexes, sensation, muscle tone and range of motion tests. The medications are Gabapentin, Lyrica and Tramadol for pain, Ambien for insomnia and Amitriptyline for depression. A Utilization Review determination was rendered on 4/17/2014 recommending non certification for spinal cord stimulator trial.

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 Spinal cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 105-107. Decision based on Non-MTUS Citation (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that spinal cord stimulator can be beneficial when less invasive pain procedures, surgical procedures and conservative management have failed. The patients had to be evaluated by psychologists to exclude significant psychosomatic factors that are contributing to the poor response to less invasive procedures. The records indicate that the patient did not have significant objective findings indicative of severe back pain. The patient had significant co-morbid psychiatric disorders including PTSD, anxiety, depression and use of Marijuana. There is no documentation that conservative and medication management was optimized. The criterion for spinal cord stimulator trial was not met.