

Case Number:	CM14-0070185		
Date Assigned:	07/14/2014	Date of Injury:	12/30/2008
Decision Date:	09/17/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/15/2014

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 Family 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:

This is a year old female patient who reported an industrial injury to the back on 12/30/2008, almost six years ago, attributed to the performance of customary job tasks reported as transferring a patient in bed. The patient has undergone extensive treatment for ongoing neck and back pain radiating to the Left lower extremity (LLE). The patient received injections with no relief. The patient was reported as unable to return to work. The patient was prescribed a spinal cord stimulator trial and implant. The psychological clearance report assessed the patient as anxious and depressed, which was evidence prior to the pain issues. The patient is assessed as maximum medical improvement with neurothpic pain to the LLE. The patient was diagnosed with mononeuritis of lower limb; chronic pain; myalgia and myositis. The patient was being treated by pain management with opioid analgesics. The treatment plan included the request for the SCS trial and implant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial and Implant: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators Page(s): 105-07. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain chapter psychological evaluations IDDS and SCS; spinal cord stimulators;

Decision rationale: The request Spinal Cord Stimulator (SCS) trial for this patient was not reasonable based on the objective findings on examination SCS documented by the requesting physician. There is no documentation that the SCS is the treatment of last resort for this patient. There is no evidence the available treatment has been exhausted with no demonstrated functional improvement. The patient has been assessed as maximum medical improvement. The patient psychological clearance documented the patient to be depressed and anxious, which was evident prior to the chronic pain issues and the patient was not assessed as a good candidate for the SCS implant or trial. The request does not meet the criteria recommended by evidence based guidelines. The provided diagnoses of chronic back pain with lumbar spine radiculopathy do not meet the criteria of the use of the recommended SCS. The recommendations of the SCS trial is directed to chronic low back pain with radiculopathy. The patient is not documented to meet the criteria recommended by the California Medical Treatment Utilization Schedule (MTUS) for the trial of a SCS. The use of the SCS is noted to be a treatment of last resort and the available treatment for this patient has not been exhausted as other treatment modalities are still available for the treatment of the patient for the objective findings documented. The use of the stimulator is being considered in the overall treatment plan of functional rehabilitation and may lead to fictional improvement; however the patient is not documented to meet the criteria recommended for an SCS trial. The spinal column stimulator is a non-narcotic method to obtain some pain relief in conjunction with an active program for rehabilitation. The patient has not met the criteria recommended by the evidence-based guidelines for the treatment of chronic intractable pain. Conventional conservative treatment and surgical intervention have not been demonstrated to have failed as the patient is maintained with prescribed medications.