MAXIMUS Federal Services

Case Number:	CM14-0071064		
Date Assigned:	07/14/2014	Date of Injury:	07/10/2007
Decision Date:	08/21/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/16/2014

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 Orthopedic Surgery, and is licensed to practice in 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 40-year-old female who reported an injury on 07/10/2007. The mechanism of injury was not provided in the medical records. Her diagnoses include post-lumbar laminectomy syndrome, lumbosacral spondylosis, radiculopathy to the left, lumbar herniated disc, lumbar disc disorder with myelopathy, sciatica and low back pain. Her previous treatments include medications, physical therapy, acupuncture, a TENS unit, radiofrequency ablation, epidural steroid injections, and surgery. Per the clinical note dated 02/10/2014, the physician reported that on the injured worker's previous visit, he recommended spinal cord stimulator therapy and injured worker had decided to move forward with the recommendation. The injured worker reported that she had constant low back pain in the left buttock that radiates down the left lower extremity to the posterolateral left thigh and lateral left calf. She reported that the pain was 90% in the left lower extremity and 10% in her low back and buttocks. She rated the pain at a 7/10. She had an MRI on 06/07/2012 that revealed a disc herniation and a broad-based central disc herniation at the L4-5, measuring approximately 3 mm, and there was mild central spinal canal stenosis and bilateral facet arthropathy. The injured worker also had a nerve conduction study dated 05/29/2012 that indicated evidence of moderate to severe lumbosacral radiculopathy at the right and left L5 level. The injured worker's current medications included oxycodone 50 mg, Norco 10/325 mg, Neurontin 900 mg, baclofen 20 mg, Cymbalta 60 mg, Lantus, NovoLog, Dilaudid 4 mg and Percocet 10/325 mg. On physical examination of the lumbar spine, the physician reported that she had reproduced pain with flexion and there was adequate range of motion, and good alignment upon visual inspection and palpation. She had tenderness to palpation in the lower lumbar spine region and the straight leg raise test was positive at 40 degrees on the left. The physician also reported that there was decreased sensation to light touch and pinprick along the posterolateral left thigh, lateral left-

sided calf, anterior left thigh, and the patellar region. He reported that the deep tendon reflexes were equal and symmetrical throughout. The physician reported that the injured worker had failed conservative medical management, including NSAIDs, physical therapy, radiofrequency ablation, epidurals, a TENS unit, acupuncture and a lumbar microdiscectomy. The physician's treatment recommendations included a spinal cord stimulator trial; and if it was successful, the injured worker would begin to wean off her medications. The current request is for a spinal cord stimulator trial implant. The rationale was to help with chronic pain and to wean the injured worker off her medications. The Request for Authorization was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial Implant: 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 spinal cord stimulator Page(s): 105.

Decision rationale: The request for a spinal cord stimulator trial implant is non-certified. The California MTUS Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions and following a successful temporary trial. The indications for a stimulator implant are failed back syndrome, complex regional pain syndrome/reflex sympathetic dystrophy, postherpetic neuralgia and spinal cord injury dysesthesias. The guidelines also indicate that psychological evaluations are recommended pre intrathecal drug delivery system and spinal cord stimulator trials. The clinical documentation provided indicated that the injured worker continued to have chronic pain of her low back that radiated into her left lower extremity and she had failed conservative treatment. However, the documentation failed to indicate if the injured worker had undergone a psychological evaluation, which is recommended before a trial of a spinal cord stimulator. As the injured worker has failed back syndrome and continued pain despite conservative treatment, she would be a candidate for a spinal cord stimulator trial. However, a psychological evaluation was not provided in the documentation to support the request. As such, the request for a spinal cord stimulator trial implant is non-certified.