

Case Number:	CM14-0075946		
Date Assigned:	07/16/2014	Date of Injury:	08/15/2011
Decision Date:	09/08/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/23/2014

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 Psychiatry 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 58-year-old male who reported an injury on 08/15/2011. The diagnoses included lumbago and radicular syndrome. The medications included naproxen 500 mg. Prior treatments included epidural steroid injections, physical therapy, and studies included an MRI of the lumbar spine. The injured worker's diagnosis was low back pain. The documentation of 02/10/2014 revealed the injured worker was recommended to have an L2-3 discectomy and had not been cleared. The documentation of 02/10/2014 revealed the injured worker's pain was opined to be not typical of an L2-3 radiculopathy, as it was sharp and stabbing in the upper left back not in the SI joint or hip, as you would expect radicular pain to be paramount. The pain in the upper back on the left was primarily aggravated by standing and bending and was relieved by supine positions. The documentation indicated the injured worker underwent an MRI of the lumbar spine and the physician opined the injured worker should have a lumbar decompression combined with a fusion at L2-3 and L1-2. It was noted this recommendation was denied. The physician further documented in his note of 07/26/2013 the treatment could be a fusion as a much more definitive approach for chronic cryptic pain rather than a simple decompression. The physician opined in the absence of permission to go ahead with the fusion operation of the 2 other options the spinal cord stimulator would be the least invasive for the greatest good. The recommendation on that date was made for the injured worker to return for discussion of placing a spinal cord stimulator at least for a trial. The physician opined if it turns out not to be helpful, the only reasonable option would be a multilevel decompression and fusion procedure. The physician opined he did not believe insertion of a narcotic pump was a reasonable option for a man who wanted to stay active and return to work if possible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation prior to Spinal Cord Stimulator Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Spinal cord stimulators (SCS).

Decision rationale: ODG states that Spinal Cord Stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. Indications for stimulator implantation: -Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), -Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.)-Post amputation pain (phantom limb pain), 68% success rate (Deer, 2001)-Post herpetic neuralgia, 90% success rate (Deer, 2001)Spinal cord injury dyesthesias (pain in lower extremities associated with spinal cord injury)-Pain associated with multiple sclerosis -Peripheral vascular diseaseThe submitted documentation does not suggest that the injured worker has any indications for the stimulator implantation as mentioned above. Although the MTUS guidelines do recommend a psychological evaluation prior to a spinal cord stimulator trial, the request for Psychological Evaluation prior to Spinal Cord Stimulator Trial is not medically necessary since he does not meet criteria for spinal cord simulator implant per the guidelines.