

Case Number:	CM14-0086832		
Date Assigned:	07/23/2014	Date of Injury:	11/21/2000
Decision Date:	09/18/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/10/2014

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 Management and is licensed to practice in Tennessee. 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 is a 62-year-old female who has submitted a claim for chronic back pain associated with an industrial injury date of 11/21/2000. Medical records from 2014 were reviewed and showed that patient complained of persistent back pain, moderate in severity, radiating to the left thigh, calf, ankle and foot. Her pain was described to be aching, burning, deep, diffuse, discomforting, sharp, shooting and stabbing. Physical examination revealed decreased thoracic and lumbar spine mobility. Tenderness is noted over the lumbar spine with mild pain with motion. Treatment to date has included oral medications and surgery. Utilization review dated 06/02/2014 denied the request for Permanent Spinal Cord Stimulator Placement because the records do not include pain levels such as VAS scores to support claim for pain relief. Furthermore, there is no indication of reduction in pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent Spinal Cord Stimulator Placement: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 105-107.

Decision rationale: According to pages 105 to 107 of the CA MTUS Chronic Pain Medical Treatment Guidelines, spinal cord stimulators are recommended only for cases when less invasive procedures have failed or are contraindicated. Indications for stimulator implantation include: failed back syndrome; Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD); post amputation pain (phantom limb pain); Post herpetic neuralgia; spinal cord injury dysesthesias; pain associated with multiple sclerosis and peripheral vascular disease. In this case, the patient complained of chronic low back pain. However, there is insufficient information to determine if less invasive procedures have failed. There is no documentation of objective monitoring of pain. Moreover, the patient was authorized to have a psychological assessment to determine if there are no contraindications for spinal cord stimulator trial; however, the documentation submitted failed to present results of this evaluation. Therefore, the request for Permanent Spinal Cord Stimulator Placement is not medically necessary.