

Case Number:	CM14-0089995		
Date Assigned:	07/23/2014	Date of Injury:	09/28/2009
Decision Date:	08/28/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 60 year old female who sustained an injury to her low back on 09/28/09. The mechanism of injury was not documented. A progress report dated 04/18/14 noted that the injured worker continued to complain of low back pain at 6/10 VAS. It was reported that the injured worker underwent a transforaminal epidural steroid injection at bilateral L2-3 on 12/04/13 that provided minimal benefit. The injured worker continued to have pain in the right lower lumbar region. Physical examination noted tenderness throughout the lumbar spine; pain with lumbar range of motion in all planes; positive facet loading at L1-2; positive Fabre's sign; tenderness in the bilateral SI joints; strength in the right lower extremity 4/5. The injured worker was diagnosed with chronic pain syndrome, right radiculitis and status post L3 through S1 fusion. It was noted that the injured worker underwent a psychological evaluation and was cleared for a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

PR233801 Pain Management Spinal Cord Stimulator Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, SPINAL CORD STIMULATORS (SCS) Page(s): 38.

Decision rationale: The clinical documentation does not show any pain into the lower extremities, only in the low back and a spinal cord stimulator is not very effective for back pain; it has good potential for providing improvement if there is radicular pain, not for just back pain alone. The California Medical Treatment Utilization Schedule states that spinal cord stimulators (SCS) should only be offered after careful counseling and patient identified and should be used in conjunction with comprehensive multi-disciplinary pain management. Given the limited support shown for SCS treatment of low back pain, the request for pain management spinal cord stimulator trial is not indicated as medically necessary.

TR233802 Consultation with Pain Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulator) Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Updated 4/12/14 SCS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits.

Decision rationale: The clinical documentation does not show any pain into the lower extremities, only in the low back and a spinal cord stimulator is not very effective for back pain; it has good potential for providing improvement if there is radicular pain, not for just back pain alone. The California Medical Treatment Utilization Schedule states that spinal cord stimulators (SCS) should only be offered after careful counseling and patient identified and should be used in conjunction with comprehensive multi-disciplinary pain management. Given the limited support shown for SCS treatment of low back pain, the request for pain management spinal cord stimulator trial is not indicated as medically necessary.