MAXIMUS Federal Services

Case Number:	CM14-0091130		
Date Assigned:	10/29/2014	Date of Injury:	06/30/2011
Decision Date:	12/05/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/16/2014

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 Occupational 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:

There were 165 pages provided for this review. The application for independent medical review was signed on June 16, 2014. There was an April 10, 2014 utilization review notification letter. A spinal cord stimulator trial was denied. The peer review was from April 9, 2014. The date of injury was June 30, 2011. Per the records provided, the claimant is a 54-year-old female who was injured on June 30, 2011. An MRI of the lumbar spine was done in October 2013 that showed a small disc protrusion at L4-L5 with some narrowing of the right lateral recess region. This is situated on top of a small disc bulge with mild to moderate right-sided neural foraminal stenosis. There was also trace retrolisthesis of L4 on L5. There was a small disc bulge at L5-S1 with mild to moderate bilateral neural foraminal stenosis. As of March 19, 2014, the patient had severe pain in the right foot. A spinal cord stimulator was recommended. The patient is currently on medicines. The gait was antalgic favoring the left lower extremity and the straight leg raise was equivocal. There were subjective paresthesias and decreased light touch along the right L4-L5 distribution. There was also allodynia and hyperalgesia along the right foot. The diagnosis was a complex regional pain syndrome in the right lower extremity with a history of surgery on the ankle. The pain level was eight to 10 out of 10. There was no documentation of a trial of sympathetic blocks. Conservative care should also document exhaustion of nonsteroidal anti-inflammatory medicines, activity modification, injections and a short course of physical therapy with discharge to a home exercise program. There is no mention of trials of antidepressants or anticonvulsant kinds of medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

P2P: SCS trail with M&S: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304,Chronic Pain Treatment Guidelines (Effective July 18, 2009) spinal cord stimulators Page(s): 105.

Decision rationale: Spinal Cord Stimulators likewise 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. Given the evidence is only limited at best, it would not be appropriate to provide an SCS trial treatment not fully proven to benefit the claimant. Moreover, there was no documentation of a trial of sympathetic blocks. Conservative care should also document exhaustion of nonsteroidal anti-inflammatory medicines, activity modification, injections and a short course of physical therapy with discharge to a home exercise program. There is no mention of trials of antidepressants or anticonvulsant kinds of medicine.The request is not medically necessary.