

Case Number:	CM14-0167555		
Date Assigned:	10/14/2014	Date of Injury:	01/03/1991
Decision Date:	02/06/2015	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/10/2014

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:

This is a 62-year-old female with a 1/3/91 date of injury. The injury occurred when 4-6 stacked wire-frame plastic mailboxes fell from a stack and hit the back of her head, neck, and shoulder area. According to a report dated 8/26/14, the patient returned for a followup following a bone scan and CT scan of the lumbar spine. The bone scan showed increased uptake at L3 and the CT scan of the lumbar spine showed a full and complete osseous fusion at L4-L5. She continued to complain of leg weakness with tenderness in the right greater trochanter and on examination, she exhibited weakness in the left iliopsoas and right tibialis anterior and extensor hallucis longus. The provider noted that given the disc degeneration at L2-L3, one option would be an L2 through L5 fusion. Otherwise, the best course of action at this time would be a spinal cord stimulator trial and possible permanent implantation of a spinal cord stimulator. The patient was to consider these options. Diagnostic impression: failed back surgery syndrome, possible right hip arthritis. Treatment to date: medication management, activity modification, surgery. A UR decision dated 9/9/14 denied the requests for specialist referral for pain management evaluation and treatment and Pain management for spinal cord stimulator trial. While she has a diagnosis of Failed Back Surgery Syndrome and this can often have good pain relief with a Spinal Cord Stimulator, there is a report submitted that she will think about this option vs. further surgery. There is nothing provided that shows she has accepted treatment with a spinal cord stimulator as an option. There is no psychological evaluation that shows she is a good candidate for a SCS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist referral for pain management evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations, page(s) 127, 156; Official Disability Guidelines (ODG) Pain Chapter - Office Visits.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, in the present case, it is noted that this is a request for a referral to pain management for the purpose of treatment with a spinal cord stimulator. Because the medical necessity of a spinal cord stimulator trial has not been established, this associated request cannot be substantiated. Therefore, the request for Specialist referral for pain management evaluation and treatment is not medically necessary.

Pain Management for 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 Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Spinal Cord Stimulator.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines & ODG criteria for SCS trial placement include: at least one previous back operation and patient is not a candidate for repeat surgery, symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse issues; and that there are no contraindications to a trial. In addition, neurostimulation is generally considered to be ineffective in nociceptive pain. However, in the present case, it is noted that surgery is also an option for this patient at this time. Guidelines do not support a SCS trial in patients that are candidates for repeat surgery. In addition, there is no documentation that this patient has failed conservative measures of care. Furthermore, there is no documentation that this patient has had a psychological evaluation to determine the appropriateness of a spinal cord stimulator trial for this patient. Therefore, the request for Pain Management for spinal cord stimulator trial is not medically necessary.

