

Case Number:	CM14-0187004		
Date Assigned:	11/17/2014	Date of Injury:	07/30/2009
Decision Date:	01/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 39 year old male with date of injury of 7/30/2009. A review of the medical records indicate that the patient is undergoing treatment for bilateral upper and lower extremity radiculopathy with spinal fusions at multiple levels and post laminectomy syndrome. Subjective complaints include continued neck and lower back pain with radiation to upper and lower extremities. Objective findings include limited range of motion of the cervical, thoracic, and lumbar spine with tenderness to palpation of the paravertebrals and positive straight leg raise bilaterally. Treatment has included OxyContin, Norco, physical therapy, chiropractic manipulations, and acupuncture. The utilization review dated 10/29/2014 non-certified a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Spinal Cord Stimulator

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain, Spinal Cord Stimulator (SCS) and UpToDate, Intractable Low Back Pain

Decision rationale: Regarding a spinal cord stimulator, MTUS and Official Disability Guidelines state, "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." While Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I are possible conditions for use of spinal cord stimulator, Official Disability Guidelines and MTUS additionally clarifies that evidence is limited and "more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain." The medical documents do not indicate when the most recent trial of physical therapy sessions were utilized or what other less invasive treatments have been tried since his surgery with the objective results of those treatments. Additionally, no quantifying of patient's pain level or functional level was present in progress notes, which is important to assess the level of pain typically experienced by the patient to determine if the pain is 'intractable', per guidelines. As such, the request for a spinal cord stimulator is not medically necessary.