

Case Number:	CM14-0189169		
Date Assigned:	11/20/2014	Date of Injury:	10/13/2006
Decision Date:	01/08/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/12/2014

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 Orthopedic Spine Surgeon 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:

The injured worker is a 49-year-old male who reported an injury of unspecified mechanism on 10/13/2006. On 10/15/2014, his diagnoses included lumbago, displacement of lumbar intervertebral disc without myelopathy, disturbance of skin sensation, and thoracic or lumbosacral neuritis or radiculitis unspecified. His complaints included a severe exacerbation of pain affecting the lumbar spine and radiating to the right lower extremity, with associated burning pain and tingling, described as electrical shooting and stabbing rated 9/10. He had received 2 epidural steroid injections earlier in the year, which were still providing him with relief. He reported feeling depressed and reported that pain disturbed his sleep. Upon examination of the lumbar spine, he had tenderness of the bilateral transverse processes. There was also tenderness to palpation of the bilateral supraspinatus ligaments, paraspinal and iliolumbar regions. His medications included Norco 5/325 mg and OxyContin 10 mg. It was further noted that he was being started on an antidepressant medication. He was participating in a home exercise program and was losing weight. It was noted that his current medication regimen was no longer offering him pain relief. His treatment plan included repeat epidural steroid injections and a consultation for a spinal cord stimulator. On 09/23/2014, it was noted that he was seeing a pain management specialist. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 of 127.

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

Decision rationale: The California MTUS Guidelines recommend spinal cord stimulators only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions including: failed back syndrome; complex regional pain syndrome; post amputation pain; postherpetic neuralgia; spinal cord injury, and pain associated with multiple sclerosis and peripheral vascular disease. Psychological evaluations are recommended pre spinal cord stimulator trial. There was no documentation submitted that this injured worker had any of the above diagnoses. Additionally, there was no evidence of a psychological evaluation recommending a spinal cord stimulator trial. The clinical information submitted failed to meet the evidence based guidelines for a spinal cord stimulator. Therefore, this request for a spinal cord stimulator is not medically necessary.

Consult with Pain Management Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The California ACOEM Guidelines note that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment, and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery, as well as provide expert medical recommendations. The submitted documents revealed that this injured worker was already being treated by a pain specialist. There was no documentation regarding the need for referral to a second pain management specialist. The need for this referral was not clearly demonstrated in the submitted documentation. Therefore, this request for consult with pain management specialist is not medically necessary.