

Case Number:	CM14-0190908		
Date Assigned:	11/24/2014	Date of Injury:	04/22/2008
Decision Date:	01/09/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal 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:

The patient is an injured worker who is status post lumbar spine surgery. Date of injury was 04-22-2008. Regarding the mechanism of injury, the patient was pulling totes up a curb, resulting in a back injury. Left L4 hemilaminectomy and right-sided internal hemilaminectomy with medial facetectomy was performed 09/17/10. Revision surgery at the L4-5 area was performed 10/27/10. Primary treating physician's progress report dated 10/10/2014 documented that Lyrica and Norco works well. The patient's pain levels are tolerable with medications. The patient reports up to 80% relief of the back and leg pain with the combination of medications. She is able to get good night sleep, walk daily and is joining the gym to get on an exercise program. She denies that side effects from the medications. Lumbar spine examination was documented. Pain the lower back and through the right buttock. Flexion and extension is better tolerated than previously. Buttocks and notches are nontender. Seated straight leg raise is negative. She has good strength testing heel and toe walk and knee extension. She does have difficulty with the right knee with weightbearing and gait is antalgic from that. Diagnosis was postlaminectomy syndrome lumbar region. Treatment plan included a request for consultation for spinal cord stimulator trial. The patient was provided refills of her medications, Norco 10/325 and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation regarding Spinal cord stimulators (SCS) trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation ACOEM 3rd Edition, Bibliographic Source: Low back disorders. In: Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 333-796. Table 2: Summary of Recommendations by Low Back Disorder <http://www.guideline.gov/content.aspx?id=38438>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses spinal cord stimulators. American College of Occupational and Environmental Medicine (ACOEM) 2nd edition (2004) Chapter 12 Low Back Complaints (Page 307) states that implantable spinal cord stimulators are rarely used and should be reserved for patients with low back pain for more than six months duration who have not responded to the standard nonoperative or operative interventions. ACOEM 3rd edition (2011) states that spinal cord stimulators are not recommended for low back disorders. Primary treating physician's progress report dated 10/10/2014 documented that Lyrica and Norco works well. The patient's pain levels are tolerable with medications. The patient reports up to 80% relief of the back and leg pain with the combination of medications. She is able to get good night sleep, walk daily and is joining the gym to get on an exercise program. She denies that side effects from the medications. The medical records indicate that the patient is responding to medications Norco and Lyrica. ACOEM 2nd edition states that spinal cord stimulators are rarely used and should be reserved for patients who have not responded to the standard nonoperative or operative interventions. ACOEM 3rd edition states that spinal cord stimulators are not recommended for low back disorders. Therefore, a spinal cord stimulator is not supported by MTUS and ACOEM guidelines. Therefore, the request for Consultation regarding SCS trial is not medically necessary.