

Case Number:	CM14-0198380		
Date Assigned:	12/08/2014	Date of Injury:	12/08/2006
Decision Date:	01/21/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/25/2014

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 Physical Medicine & Rehabilitation 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:

This patient sustained an injury on 12/8/06 while employed by [REDACTED]. Request(s) under consideration is Outpatient Spinal Cord Stimulator. Diagnoses include lumbar sprain/ lumbosacral disc degeneration/ disc displacement s/p Postlaminectomy lumbar syndrome, lumbar fusion at L4-S1 with discectomy, decompression, and corpectomy on 2/26/08. Conservative care has included medications, therapy, and modified activities/rest. Medications list Norco and Cymbalta. Report of 7/15/14 from the provider noted the patient with chronic ongoing low back pain and left leg pain with associated burning sensation in left lateral leg. Exam found diffuse decreased sensation at left L4 and L5. Follow-up on 7/30/14 noted continued low back and left leg pain; patient was anxious about weaning off narcotics and would continue with Norco 10/325 mg 4 tablets per day. Letter dated 8/5/14 noted patient had nausea/vomiting with Norco and was switched to Percocet. Treatment plan included outpatient psych evaluation for possible SCS trial, medications, and outpatient spinal cord stimulator. The request(s) for Outpatient Spinal Cord Stimulator was non-certified on 10/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Spinal Cord Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS), pages 105-107 & Psychological Evaluations Page(s): 101-102.

Decision rationale: The request(s) for Outpatient Spinal Cord Stimulator was non-certified while the request for psych evaluation for possible SCS trial was certified on 10/30/14; however, there are no reports available for review. Report of 11/18/14 noted plan for psychiatric evaluation with continuation of medications as the patient remained retired with next follow-up appointment for 2/10/14. MTUS guidelines states that spinal cord stimulators are only recommended for selected patients as there is limited evidence of its functional benefit or efficacy for those failed back surgery syndrome and complex regional pain syndrome. It may be an option when less invasive procedures are contraindicated or has failed. Criteria include psychological evaluations screening along with documented successful trial prior to permanent placement for those patients with specific diagnoses of failed back syndrome; complex regional pain syndrome; post-amputation pain; post-herpetic neuralgia; spinal cord dysesthesia/injury; multiple sclerosis or peripheral vascular diseases. Submitted reports have not demonstrated support to meet these criteria as no medical clearance from a psychologist has been noted and no failed conservative treatment or ADL limitations are documented to support for SCS. The Outpatient Spinal Cord Stimulator is not medically necessary and appropriate.