

Case Number:	CM14-0199926		
Date Assigned:	12/10/2014	Date of Injury:	12/04/2000
Decision Date:	02/10/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/01/2014

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 Medicine and is licensed to practice in Texas. 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 a year old who was injured on 12/4/2000. The diagnoses are post laminectomy lumbar syndrome, cervical disc disease, thoracic disc disease, There was a co-existing history of depression and diabetes. The 2014 MRI of the lumbar spine showed surgical changes at L3-L4, grade 1 spondylolisthesis at L4-L5 and multilevel degenerative joint disease. The 2014 EMG/NCV showed chronic L5 radiculopathy. The past surgery history is significant for lumbar laminectomy. The past treatments completed are acupuncture, PT and epidural injections. On the initial consultation on 10/10/2014, [REDACTED] indicated that the patient was given options of epidural injections, medications management, additional PT or spinal cord stimulator. The patient was said to have opted for spinal cord stimulator implantation. On 10/24/2014, [REDACTED] noted subjective complaint of severe leg pain. The pain score was reported at 9/10 on a scale of 0 to 10. There was objective finding of decreased motor strength of the lower extremities and decreased sensation along the L5 / S1 dermatomes. A Utilization Review determination was rendered on 11/24/2014 recommending non certification for spinal cord stimulator trial and psychology evaluation.

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 Spinal Cord Stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations, IDDS & SCS (Intrathecal Drug Delivery Systems & Spinal Cord-stimulato. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Spinal Cord Stimulator, Mental Illness and Stress

Decision rationale: The CA MTUS and the ODG guidelines recommend that implantable neurostimulator devices can be utilized for the treatment of severe pain from failed back syndrome when less invasive treatment options have failed. The guidelines recommend that symptom magnification from co-existing significant psychosomatic disorder must be excluded. The records indicate that the patient have not failed conservative and less invasive treatment options. There is no documentation of failure of neuropathic medications or co-analgesics such as anticonvulsants and antidepressant medications. There is no detail on recent failure of less invasive interventional pain management procedures such as epidural and facet procedures. The records indicate the presence of co-existing depression but no treatment plan was provided. The criterion for spinal cord stimulator was not met. Therefore, the request is not medically necessary.

Psych evaluation: 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 Psychological Evaluations, IDDS & SCS (Intrathecal Drug Delivery Systems & Spinal Cord-stimulato. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Spinal Cord Stimulator.

Decision rationale: The CA MTUS and the ODG guidelines recommend that implantable neurostimulator devices can be utilized for the treatment of severe pain from failed back syndrome when less invasive treatment options have failed. The guidelines recommend that symptom magnification from co-existing significant psychosomatic disorders must be excluded by Psychological Evaluation. The records indicate that the patient have not failed conservative and less invasive treatment options. There is no documentation of failure of neuropathic medications or co-analgesics such as anticonvulsants and antidepressant medications. There is no detail on recent failure of less invasive interventional pain management procedures such as epidural and facet procedures. The records indicate the presence of co-existing depression but no treatment plan was provided. The criterion for psychological evaluation for clearance for spinal cord stimulator was not met. Therefore, the request is not medically necessary.