MAXIMUS Federal Services

Case Number:	CM14-0200271		
Date Assigned:	12/10/2014	Date of Injury:	04/18/2011
Decision Date:	01/29/2015	UR Denial Date:	11/03/2014
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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 a 57 year old female with the injury date of 4/18/11. Per physician's report 10/14/14, the patient has lower back pain, radiating down her legs bilaterally, at 4-5/10. The patient is not working. The patient denies any new injuries. A neurologist and a neurosurgeon in [redacted] recommended a spinal cord stimulator (SCS). The lists of diagnoses are:1) Lumbar radiculitis2) S/P fusion ALIF at L3-S13) S/P hardware removal4) Chronic neuropathy"The patient wishes to have the SCS trial because she continues with intractable neuropathic pain, including burning pain down her legs and buttocks bilaterally despite exhaustive conservative care with medication, physical therapy, injections and two back surgeries." The treater requested psychiatric evaluation and clearance. Per 09/15/14 progress report, the patient rates her pain as 6-10/10. "The patient developed severe facial swelling after the lumbar spine epidural by [redacted]. Therefore, [redacted] requested SCS trial for the lumbar spine." Per 0/13/14 progress report, the patient has severe low back pain with spasms. The patient has difficulty walking. Examination reveals positive SLR on the right side and decreased sensation on the right at S1 distribution. The lists of diagnoses on 06/10/14 are:1) lumbar hardware removal2) T/S S/S improved3) S/P left shoulder Symptoms4) R/O CPRS BLE per [redacted]Per 05/29/14 progress report, the treater requested SCS "because she has failed all other treatments." The utilization review determination being challenged is dated on 11/03/14. Treatment reports were provided from 04/18/14 to 11/05/14.

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 CA MTUS pages 101, 107, 2010 Revision, Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS); Psychological evaluations, IDDS & SCS (intrathecal drug delivery.

Decision rationale: The patient presents with pain and weakness in her lower back and legs bilaterally. The patient is s/p L3-S1 fusion in 2011 and hardware removal in May 2013. The request is for Spinal Cord Stimulation (SCS) Trial. The treater requested it "because she has failed all other treatments." MTUS Guidelines page 105 to 107 states, "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis and peripheral vascular disease. In this case, the patient had 2 back surgeries, with chronic radiculopathy, so there is an indication for SCS trial. All MTUS page 101 also requires psychological evaluation prior to SCS trial. There is no indication that psychological clearance has been performed. Per 11/05/14 progress report, the patient "is awaiting consult for psych and internal medicine [in order] to that she can be cleared for the spinal cord stimulator." The treater requested psychiatric evaluation and clearance (PEC) on 10/14/14 along with the request of SCS trial but the utilization review doesn't mention whether or not PEC is authorized. There is no indication that PEC was done. Psychological clearance must be provided before SCS trial can be authorized. The request currently is not medically necessary.