

Case Number:	CM14-0206126		
Date Assigned:	12/18/2014	Date of Injury:	04/25/2012
Decision Date:	02/12/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/09/2014

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 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 male with date of injury 4/25/12. The treating physician report dated 10/16/14 (68) indicates that the patient presents with pain affecting the low back with radiation to bilateral lower extremities. The physical examination findings reveal pinprick is decreased bilaterally at lateral and posterior gastrocnemius area. Lumbar range of motion is as follows: Flexion is 60 degrees, extension is 10 degrees. Side bending to the left and right is 15 degrees. Rotation to the left and the right is 20 degrees. Further examination reveals a positive lumbar axial compression test. Prior treatment history includes a home exercise program, a TENS unit, a lumbar ESI, and prescribed medications including Doxycycline, Lansoprazole, Omeprazole, Diazepam, Valium, Abilify, Naprosyn, Norco, Lyrica, and Ventolin. MRI findings reveal left L4 laminectomy and L4-5 discectomy. There is enhancing scar in the left lateral recess producing severe left lateral recess stenosis. The enhancing scar extends through the left neural foramen to the far lateral position. There is residual severe central spinal canal stenosis at this level due to bilateral facet hypertrophy and short pedicles. Areas of spinal stenosis are also present at L2-3 and L3-4 as detailed above. The current diagnoses are: 1. Facet syndrome, lumbar 2. Lower back pain 3. Lumbar herniated disc 4. Lumbar radiculopathy 5. Postlaminectomy syndrome 6. Complete tear of rotator cuff, unspecified laterality; Right 7. Degenerative disk disease 8. Neuritis The utilization review report dated 12/1/14 (99) denied the request for Spinal cord stimulator trial at [REDACTED] based on a lack of medical necessity.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Section.

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

Decision rationale: The patient presents pain affecting the low back with radiation to bilateral lower extremities. The current request is for a Spinal cord stimulator trial. The requesting treating physician report was not found in the documents provided. The report dated 10/16/14 (71) states, "consider SCS Trial if conservative treatment fails and if pt is not a surgical candidate." The report also notes that the patient continues to feel better since a bilateral transforaminal lumbar epidural injection done on 6/3/14, and states that current medications help reduce pain and improve function. Under spinal cord stimulation, the 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. MTUS page 101 also require psychological evaluation prior to spinal cord stimulator trial. There is an indication that psychological clearance has been performed per a report dated 8/29/14 (64). In this case, there is no rationale by the physician in any of the reports provided that states the patient is not a surgical candidate. The treating physician states, "Request follow up with neurosurgery for recommendations if surgery is an option." Furthermore, the reports provided show the patient has responded well to prior conservative treatments. The current request does not satisfy MTUS guidelines as outlined on pages 105-107 and is therefore not medically necessary.