

Case Number:	CM14-0208761		
Date Assigned:	12/22/2014	Date of Injury:	05/13/2002
Decision Date:	03/16/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 43-year-old female with a date of injury on 09/13/2002. The mechanism of injury was not indicated. Diagnoses include chronic postoperative pain, lumbar postlaminectomy syndrome, lumbar radiculitis, lumbago, degeneration of intervertebral disc of the lumbar area, pain in the soft tissues of the limb, pain in joint of the pelvic and thigh region, myalgia, and insomnia. Past treatments included physical therapy, medications, and injections. Surgical history includes laminectomy and spinal fusion. On 10/23/2014, the injured worker complained of continued left lower extremity and back pain, and bilateral hip pain. Physical examination showed range of motion of the lumbar spine with flexion limited to 15 degrees, extension to 0 degrees, and lateral left and right bending 0 degrees. There was tenderness to palpation over the lumbar spine and left hip area. Motor strength was 5/5. Sensation was intact to light touch, and deep tendon reflexes were 2+ and symmetric. Current medications include Kadian 20 mg, Cymbalta 30 mg, Flexeril 10 mg, Norco 10/325 mg, trazodone 100 mg, ibuprofen 800 mg, Lunesta 2 mg, amitriptyline 25 mg, and Voltaren gel. The treatment plan was the implantation of a percutaneous peripheral neurostimulator and intraoperative programming of the peripheral neurostimulator. The rationale for the request was that the injured worker has failed all conservative modalities and continues to have chronic pain. The Request for Authorization was not present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intraoperative Programming of peripheral neurostimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/17258129>

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

Decision rationale: The request for intraoperative programming of peripheral neurostimulator is not medically necessary. The injured worker reported pain in the lumbar and hip area. The California MTUS Guidelines for spinal cord stimulator state it is recommended only for select patients in cases where less invasive procedures have failed or are contraindicated for specific conditions, such as failed back surgery syndrome and complex regional pain syndrome. According to the documentation, the injured worker was status post P-stim placement on 01/06/2013 and reported no relief from pain in the 01/14/2014 office visit. The injured worker had a P-stim placement on 02/06/2014 and reported minor relief in the 02/25/2014 office visit. On 07/15/2014, it was documented that the patient had been approved for a third P-stim placement. The injured worker had a lumbar fusion and laminectomy (dates not provided). According to the documentation, the injured worker previously had 2 P-stim placements with little or no relief. It is noted that the requested percutaneous peripheral neurostimulator 64555 has not been approved. As the request for the primary service of the implantation of percutaneous peripheral neurostimulator has no evidence of approval, the request for intraoperative programming of peripheral neurostimulator would not be supported. As such, the request is not medically necessary.