

Case Number:	CM14-0020866		
Date Assigned:	04/30/2014	Date of Injury:	11/08/2011
Decision Date:	01/05/2015	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/19/2014

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 Management 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 is a 56-year-old female with an 11/8/11 date of injury. The injury occurred as the result of a "rough landing" while working as a flight attendant. According to a progress report dated 1/7/14, the patient reported that she still had ongoing low back pain and left buttock and thigh region pain. She reported that her left foot was numb, and her pain level was rated at a 6/10. She was not interested in any opioid medications. She was currently taking the antidepressant medications Wellbutrin and Topamax. According to a 9/12/13 report, she had a history of depression. Objective findings: no tenderness to palpation or range of motion in lumbar region, decreased sensation about the plantar aspect of the left fifth and fourth toe. Diagnostic impression: left S1 radiculopathy, mild S1 radiculopathy, axial low back pain with left posterior thigh and leg region pain. Treatment to date: medication management, activity modification, surgery, injections, and physical therapy. A UR decision dated 2/6/14 denied the request for a spinal cord stimulator trial. A psychological clearance and a urine drug screen were not included in the submitted reports.

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 (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Spinal Cord Stimulator

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines and ODG criteria for SCS trial placement include: at least one previous back operation and patient is not a candidate for repeat surgery, symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse issues; and that there are no contraindications to a trial. In addition, neurostimulation is generally considered to be ineffective in nociceptive pain. However, in the present case, it is noted that this patient was currently taking antidepressant medications and had a history of depression. There is no documentation that she has undergone a psychological evaluation to determine the appropriateness of a spinal cord stimulator trial. Therefore, the request for Spinal Cord Stimulator Trial is not medically necessary.