

Case Number:	CM14-0055959		
Date Assigned:	07/09/2014	Date of Injury:	12/02/2009
Decision Date:	04/14/2015	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/25/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 36 year old male, who sustained an industrial injury on 12/2/2009. He reported lifting boxes and hearing a crack in his lower back associated with pain and a momentary inability to move. The diagnoses have included failed back surgery syndrome, lumbar radiculitis and chronic pain syndrome. Treatment to date has included five lumbar spine surgeries and medication. According to the initial pain management consult dated 1/9/2014, the injured worker complained of lumbar spine pain radiating into the left lower extremity. The injured worker rated the pain as 8/10. He was currently a resident at a skilled nursing facility. Current medications included Oxycontin, Percocet, Dilaudid, Xanax and Tizanidine. Exam of the lumbar spine revealed well healing surgical wounds. Range of motion testing was deferred secondary to pain. Neurological exam revealed pain corresponding to the left L4, L5 and S1 dermatomes. The physician discussion noted that the injured worker could be a candidate for a spinal cord stimulator (SCS) trial. Medications were recommended.

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 STIMULATORs Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Spinal cord stimulator.

Decision rationale: Pursuant to the Official Disability Guidelines, spinal cord stimulator trial is not medically necessary. The indications for stimulator implantation are complex regional pain syndrome (CRPS) when all of the following are present: there has been a limited response to non-interventional care; psychological clearance indicates realistic expectations and clearance for the procedure; no current evidence of substance abuse issues; no contraindication to a trial; permanent placement requires evidence of 50% pain relief with medication reduction or functional improvement after temporary trial. In this case, the injured worker's working diagnoses are failed back surgery syndrome; lumbar radiculitis; and chronic pain syndrome. The documentation does not contain a request for authorization and the requesting/authorizing physician cannot be determined. The medical records contain inpatient records ranging from November 17, 2013 through November 29, 2013. There is a single pain management physician note dated January 9, 2014. There is no discussion of a spinal cord stimulator. The injured worker (at this time) was still in a skilled nursing facility. The documentation does not contain a clinical indication/rationale for a spinal cord stimulator. There is no psychological clearance in the medical record indicating realistic expectations and clear is for the procedure. Consequently, absent clinical documentation of a spinal cord stimulator with a clinical indication and rationale with psychological clearance, spinal cord stimulator trial is not medically necessary.