

Case Number:	CM15-0003046		
Date Assigned:	01/14/2015	Date of Injury:	02/01/1996
Decision Date:	04/10/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/07/2015

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 60-year-old male with date of injury of 02/01/1996. His diagnoses included lumbago, lumbar degenerative disc disease, bulging lumbar disc, postlaminectomy syndrome, sciatica, and muscle spasm. His past treatments have included lumbar epidural cortisone shots, physical therapy, medications. Diagnostic studies included an MRI, completed on 03/16/2011. The injured worker reported on 12/04/2014 with complaints of lower back pain with radiculopathy, the right greater than the left. He stated he had no significant relief with the lumbar ESI performed on 11/04/2014. He stated previously he had 80% relief with the left lumbar ESI at L5/L4 on 01/14/2014 that lasted until 08/2014. He stated his pain level today is at 5/10 with the use of his pain medications. He states difficulty with driving, standing, and running errands or pushing a shopping cart. He has previously failed on Prozac and Neurontin. Physical examination revealed a stooped walk with no gross abnormalities of the spine. There is decreased range of motion of the back due to pain. There is positive straight leg raise bilaterally. There are sensory deficits in the L5-S1 dermatomes bilaterally. Strength is 4+/5. His current medications included Lyrica, zolpidem tartrate, hydrocodone/acetaminophen 10/325 mg, Doc-Q-Lace, nabumetone, Lidoderm external patch, Valium 10 mg, methadone, and Coumadin. The treatment plan is to continue with his current medications, trial the Lyrica for his neuropathic pain and discuss the SCS trial. The request is for an SCS trial, and the rationale is the SCS will assist him to continue his activities as tolerated. The Request for Authorization, dated 12/04/2014, was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCS Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 106-107.

Decision rationale: The request for SCS trial is not medically necessary. The injured worker complained of low back pain. The California MTUS Guidelines recommend spinal cord stimulators only for selected patients in cases where less invasive procedures have failed or are contraindicated. They are rarely used and should be reserved for injured workers with low back pain for more than 6 months duration who have not responded to the standard nonoperative or operative interventions. Indications for the use of the stimulator implantation are failed back syndrome, complex regional pain syndrome, postamputation pain, postherpetic neuralgia, spinal cord injury, dysesthesia, and pain associated with multiple sclerosis, as well as peripheral vascular disease. The guidelines recommend spinal cord stimulators for injured workers who have undergone at least 1 previous back operation and who are not a candidate for repeat surgery with symptoms of primarily lower extremity radicular pain, a psychological clearance, and no current evidence of substance abuse issues, and no contraindications to a trial; permanent placement requires evidence of 50% pain relief and medication reduction and functional improvement after the temporary trial. The documentation has evidence failed back surgery and failed conservative treatment. However, the included medical documents lacked evidence of a psychological clearance including realistic expectations and clearance for the procedure, and there is no current evidence of addressing substance abuse issues. As such, the request is not medically necessary.