

Case Number:	CM15-0003471		
Date Assigned:	01/14/2015	Date of Injury:	12/13/2004
Decision Date:	03/13/2015	UR Denial Date:	12/09/2014
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
 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:

The injured worker is a 43 year old female with an industrial injury dated 12/12/2004. The injured worker's complaints are low back and right hip pain. On 10/20/2014 physical exam revealed tenderness to palpation overlying her trochanteric bursa of the right hip causing radiating pain down to the right knee. There was tenderness to palpation overlying the prior lumbar spine incision, right side. Four views of the lumbar spine on 10/20/2014 showed a solid fusion present at lumbar 4-5. Flexion-extension x-rays demonstrate no abnormal instability and hip and pelvis x-rays were normal. The injured worker continues to have constant severe complaints and does not appear to be improving. The MRI did not show any areas of significant disc herniation or stenosis. Prior treatments include epidural injections and surgery. Diagnosis was post hardware removal, lumbar spine and revision decompression, lumbar spine with increased residuals of right sided low back pain and right hip pain and trochanteric bursitis, right hip. On 12/09/2014 Utilization review non-certified the request for spinal cord stimulator trial/implant noting there is no psych evaluation to clear the claimant for this. Second the spine surgeon recommended further workup and injections. Third the notes indicate that prior epidural steroid injections helped greatly so there is no indication why this less aggressive treatment option would not be pursued. MTUS was cited. On 01/07/2015 the injured worker submitted a claim for the requested spinal cord stimulator trial/implant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator, Trial/Implant: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Stimulator Implantation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulation Page(s): 105-107, 101.

Decision rationale: The 43 year old patient presents with pain in the lower back, that varies in intensity and is worsened with prolonged walking or standing, along with lower extremity pain, as per progress report dated 10/23/14. The request is for SPINAL CORD STIMULATOR TRIAL / IMPLANT. The RFA for this case is dated 10/23/14, and the patient's date of injury is 12/12/04. The patient is status post lumbar spine surgery in August, 2009, and has been diagnosed with right lumbar radiculopathy, discogenic low back pain at L4-5, lumbar sprain/strain syndrome, depression, anxiety and insomnia, as per progress report dated 10/23/14. MRI of the lumbar spine, dated 10/03/09 and reviewed in the 10/23/14 progress report, reveals disc protrusions at L1-2, L2-3 and L5-S1 with compression of exiting nerve root bilaterally at L5-S1. As per progress report dated 10/20/14, the patient is two years and four months status post hardware removal in lumbar spine, and revision decompression of lumbar spine. Medications, as per progress report dated 08/14/14, include Vicodin, Soma, Frova, Ambien, Prilosec, Terocin lotion, and cyclobenzaprine/ gabapentin/tramadol cream. The progress reports do not document the patient's work status clearly. MTUS Guidelines page 105 to 107 states that spinal cord stimulation is "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 states that psychological evaluation is recommended pre-intrathecal drug delivery systems and spinal cord stimulator trial. In this case, the patient suffered a low back injury for which she underwent lumbar spine surgery in August, 2009, as per progress report dated 10/23/14. As per progress report dated 10/20/14, the patient is two years and four months status post hardware removal in lumbar spine, and revision decompression of lumbar spine. However, she continues to have low back pain. The patient is currently relying on medications and has also received trigger point injections and ESI for pain relief with benefit. In progress report dated 10/23/14, the treater requests for spinal cord stimulator trial and a possible implant. However, MTUS guidelines require a psychological evaluation of the patient before trial and a successful trial for implant. Hence, the treater's request SCS trial / implant IS NOT medically necessary.