

Case Number:	CM15-0004295		
Date Assigned:	01/15/2015	Date of Injury:	11/09/2010
Decision Date:	03/10/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/08/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old male with an industrial injury dated 11/09/2010. His/He diagnoses include lumbar or lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, disorders of the sacrum, and sprains and strains of the lumbar region. Recent diagnostic testing has not been completed/discussed. He has been treated with lumbar epidural steroid injections (09/28/2011, 04/25/2012, 01/22/2014) and a spinal cord stimulator implant trail 9(08/13/2014) which resulted in an 80% decrease in back pain and a temporary decrease in pain medications. The injured worker has been treated with Bupropion for depression, hydrocodone for pain, naproxen for anti-inflammatory, Pantoprazole, Zolpidem, and Senna laxative. Other treatments have included acupuncture. In a progress note dated 12/18/2014, the treating physician reports lower back pain rated 4/10 with radiation to the right lower extremity, and depression despite treatment. The objective examination revealed restricted range of motion in the lumbar spine limited by pain, tenderness to palpation of the paravertebral muscles bilaterally, and positive straight leg raises bilaterally. The treating physician is requesting a spinal cord stimulator implant which was denied by the utilization review. On 12/30/2014, Utilization Review non-certified a request for 1 spinal cord stimulator implant, noting the absence of a qualified diagnosis or condition. The MTUS was cited. On 01/08/2015, the injured worker submitted an application for IMR for review of spinal cord stimulator implant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator implant: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stimulator implantation Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 105-106.

Decision rationale: According to MTUS guidelines, spinal cord stimulator is recommended: “Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain”. The patient no documentation of failure of conservative therapies. The patient pain severity was rated 4/10. There is no clear evidence of functional limitation that requires spinal cord stimulator. There is no evidence of complex regional syndrome. Therefore, the request of spinal cord stimulator is not medically necessary.