

Case Number:	CM15-0005356		
Date Assigned:	01/16/2015	Date of Injury:	12/10/2001
Decision Date:	03/19/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/09/2015

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: Orthopedic Surgery, Sports 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 53-year-old female who reported an injury on 12/10/2001. The mechanism of injury was the injured worker was about to sit on chair, but fell to the floor. The diagnoses included chronic pain syndrome, failed cervical surgery, lumbago, opioid dependency, adjustment disorder with depression and anxiety, and failed back surgery syndrome. The injured worker was noted to undergo 5 back surgeries, and a partial vertebrectomy at C5-6 with microdiscectomy. Prior treatments included medications, physical therapy, epidural steroid injections, and a brace for left foot drop. The documentation of 11/17/2014, revealed the injured worker had complaints of neck, bilateral arm, lower extremity, and low back pain. The injured worker indicated she had several epidural blocks and physical therapy. Previously, the injured worker was recommended for a spinal cord stimulator. However, the injured worker was not sure she wanted the procedure. The injured worker further indicated she had a brace for left foot drop. The injured worker was wearing slip on shoes and the brace did not fit into the shoes. The pain in the neck was described as achy, moderate pain that was occasional in nature. The injured worker indicated she was unsure what aggravated the neck pain, and found that lying down with a hard pillow under her neck relieves some of the pain. The injured worker's medications included fentanyl 100 mcg every 48 hours, Flexeril 5 mg, Amitiza twice a day, Soma 350 mg 3 times a day, Detrol LA 2 mg daily, Wellbutrin SR 100 mg 4 times a day, Savella 100 mg twice a day, levothyroxine 88 mcg daily, hydrochlorothiazide 25 mg daily, Relistor 12 mg every 48 hours, Frova 2.5 mg, lorazepam 1 mg twice a day, baclofen 10 mg daily, ranitidine 150 mg daily, Prozac 20 mg, pantoprazole 40 mg daily, gabapentin 300 mg 3 times a day, Celebrex 200 mg

twice a day, Oscal + vitamin D 500 mg twice a day, and Centrum daily. The physical examination revealed diminished sensation to L5 in the left lower extremity, and diminished sensation in the shoulder, elbow, and wrist on the left upper extremity, and diminished sensation in the left knee and ankle. The injured worker was noted to have a 1+ deep tendon reflexes in the Achilles tendon on the right, and it was absent on the left. The injured worker had tenderness in the left SI region. The documentation of 12/03/2014, revealed the injured worker had been on high doses of narcotics for some time, and the physician indicated the injured worker should undergo a spinal cord stimulator. The documentation indicated if the injured worker passed the trial and did well in terms of pain relief, particularly in the left leg, the injured worker may qualify for an implanted spinal cord stimulator. Additionally, the physician documented that down the road, after the implantation, the physician and the injured worker could think about and discuss detoxification. There was no request for authorization submitted for review.

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 ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Spinal Cord Stimulators, Spinal Cord Stimulator Page(s): 101; 105-1.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. It further Indicates that for stimulator implantation a patient should have the diagnosis of failed back syndrome with persistent pain in patients who have undergone at least one back surgery or patients who have the diagnosis of Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD). Additionally, it recommends a psychological evaluation for a spinal cord stimulator (SCS) trial. The clinical documentation submitted for review indicated the injured worker had failed conservative treatment. The injured worker had failed back surgery. However, there was a lack of documentation of a psychological evaluation for a clearance of the spinal cord stimulator trial. Given the above, and the lack of documentation, the request for a spinal cord stimulator trial is not medically necessary.