

Case Number:	CM15-0106315		
Date Assigned:	06/11/2015	Date of Injury:	04/02/2014
Decision Date:	07/14/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/02/2015

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 57 year old male, who sustained an industrial injury on 4/2/14. He reported low back pain after being involved in a motor vehicle accident while driving truck. The injured worker was diagnosed as having lumbar radiculopathy and neuropathic pain. Treatment to date has included oral medications including Norco and Percocet, chiropractic treatment and activity restrictions. Currently, the injured worker complains of low back pain. He is currently off work. Physical exam noted pain over the lumbar paraspinal area on palpation and restricted range of motion due to pain. Diffuse weakness in the lower extremities is also noted. The treatment plan included a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Tiral: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulation Page(s): 105-107. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, spinal cord stimulator.

Decision rationale: This 57 year old patient presents with low back pain with radicular symptoms down the bilateral extremities, but worse on the left. He rates his pain an 8/10. The request is for a Spinal Cord Stimulator Trial. There is no RFA provided and the date of injury is 04/02/14. The diagnoses include lumbar radiculopathy and neuropathic pain. Per 04/09/15 report, physical examination of the lumbar spine revealed tenderness to palpation with an unrestricted range of motion. Straight leg raise is positive, bilaterally. Treatment to date has included oral medications including Norco and Percocet, chiropractic treatment and activity restrictions. Current medications include Norco, Gabapentin, and Amitriptyline. The patient is currently temporarily totally disabled. Under spinal cord stimulation, MTUS Guidelines page 105 to 107 states, "recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated for specific conditions and following a successful temporary trial." ODG Guidelines regarding spinal cord stimulator also states for "failed back syndrome, persistent and pains who have undergone at least 1 previous back operation and are not candidates for repeat surgery when all of the following are present: (1) Symptoms of primarily lower extremity radicular pain. There has been limited response to nonintervention care, (2) Psychological clearance indicates realistic expectations and clearance for procedure, (3) There is no current evidence of substance abuse issues, (4) There are no contraindications to a trial, (5) Permanent placement requires evidence of 50% pain relief." Per 04/09/15 requesting report, treater states, "The patient's function has decreased due to the pain. He also is currently on opioid management and my goal with the spinal cord stimulator would be to have this patient off of opioids to improve his function to help with his depression, which has started post injury." MTUS recommends a trial for spinal cord stimulator for patients with "failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis and peripheral vascular disease." Furthermore, the patient has not undergone "at least one previous back operation." In this case, the patient does not present with the indications for an SCS trial. ODG requires ALL criteria to be met prior to consider a spinal cords stimulator trial. This request IS NOT medically necessary.