

Case Number:	CM15-0107081		
Date Assigned:	06/11/2015	Date of Injury:	10/21/1998
Decision Date:	07/16/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/04/2015

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, Pain Management, Occupational 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 56 year old male, who sustained an industrial injury on 10/21/98. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar disc degenerative disease; lumbar radiculopathy; low back pain; muscle pain; numbness and chronic pain syndrome; thoracic or lumbosacral neuritis. Treatment to date has included physical therapy; TENS unit; lumbar left S1 transforaminal epidural steroid injection and epidurography (6/3/14 and 1/16/15); medications. Diagnostics included MRI lumbar spine (1/6/09 and 2/28/12 and 5/20/14); EMG/NCV bilateral lower extremities (8/4/10). Currently, the PR-2 notes dated 5/13/15 indicated the injured worker complains of low back pain. He had a lumbar left S1 transforaminal epidural steroid injection and epidurography on 1/16/15 and continues to benefit from it, but the pain is beginning to return. He is now interested in a spinal cord stimulator rather than another epidural injection. The provider notes he has had a psych evaluation for clearance and he was recommended as a "satisfactory candidate" for the spinal cord stimulator. He was also seen by a surgeon and the surgeon told the injured worker he is not a good surgical candidate. The injured worker is also very interested in getting a motorized scooter so he can do things with his family and friends right now. He reports he can only walk about 50 feet on an even surface. The scooter was requested but the provider notes it was denied. The provider documents the injured worker is prescribed Norco, MS Contin and Soma. He feels muscle spasms are better controlled with Soma. The MS Contin is for pain and he takes the Norco for any breakthrough pain. Pain is rated as 8-9/10 without medications and 4/10 with medications.

He finds that pain is made better with medications, injections, physical therapy and the use of the TENS unit. The provider's treatment plan includes a request for authorization of 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 trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 107.

Decision rationale: MTUS 2009 states that spinal cord stimulators are an option for individuals with failed back syndrome who have failed conservative care. The patient is currently maintained on opioids and the medical reports indicate that opioids are appropriate in this patient since they control his pain well. The medical records do not indicate that patient desires to discontinue opioids and use an SCS instead nor are there any functional goals associated with its trial use. This request for an SCS trial is not medically necessary since the current analgesic regimen is reportedly effective.