MAXIMUS Federal Services

Case Number:	CM15-0108187		
Date Assigned:	06/12/2015	Date of Injury:	04/10/2011
Decision Date:	08/18/2015	UR Denial Date:	05/07/2015
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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 26 year old male who sustained an industrial injury on 4-10-11. The mechanism of injury was a fall down the stairs. Diagnoses are lumbar disc displacement without myelopathy and syndrome postlaminectomy-lumbar. In a visit note dated 4-16-15, the treating physician reports that after some conservative treatment, he had surgery and is status post fusion at L5-S1 and the injured worker states it has helped him some but he still has back pain and leg pain and has not been able to go back to work. He was unable to tolerate Buprenorphine, as he reported nausea and vomiting after taking it. The pain is made better by Norco use. He has tried Naproxen and Gabapentin without side effects and with some relief of his pain. He would like to proceed with spinal cord stimulation trial at this time. Spasm and guarding is noted of the lumbar spine. Current medications are Gabapentin, Naproxen Sodium-anaprox, and Norco. He was unable to tolerate Ibuprofen. The psychology consult is pending. He has developed left sided radiculopathy. Work status is not permanent and stationary. In an initial evaluation, dated 3-23-15, the physician notes, he has difficulty with some of his activities of daily living and reports the pain to be moderate most of the time and it interferes with his ability to concentrate and think most of the time. His sleep is greatly disturbed. The requested treatment is for a trial dorsal column stimulator, trial lead, electronic analysis of pump, fluoroscopic guidance and intravenous sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Dorsal Column Stimulator, Trial Lead, Electronic Analysis of Pump, Fluoroscopic Guidance and IV Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 34-41 and 105-107.

Decision rationale: This injured worker has chronic pain after an injury sustained in 2011. Spinal cord stimulators are considered a more invasive method of treatment that can be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. They are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, following a successful temporary trial. There is limited evidence in favor of Spinal Cord Stimulators for Failed Back Surgery Syndrome and Complex Regional Pain Syndrome (CRPS). Given the limited evidence to support a spinal cord stimulator in failed back surgery syndrome and also that the records do not support that comprehensive multidisciplinary medical management is concurrently in use, the medical necessity of a Trial Dorsal Column Stimulator, Trial Lead, Electronic Analysis of Pump, Fluoroscopic Guidance and IV Sedation is not substantiated in the records. This request is not medically necessary.