

Case Number:	CM15-0134112		
Date Assigned:	07/22/2015	Date of Injury:	05/10/2005
Decision Date:	08/26/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/10/2015

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 67 year old male, who sustained an industrial injury on 5/10/05. Initial complaints were not reviewed. The injured worker was diagnosed as having status post multiple lumbar spine surgeries; chronic low back pain; lumbar radiculitis; lumbar region sprain; lumbar/lumbosacral disc degeneration; disc displacement NOS; post-laminectomy syndrome lumbar. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine (6/6/12; 11/21/13). Currently, the PR-2 notes dated 5/26/15 indicated the injured worker complains of lower back pain. He reports his pain radiates down both legs all the way down to his feet with the right leg worse than the left. He reports the pain as constant, aching and sharp. He feels numbness and tingling in his bilateral lower extremities. It is aggravated by prolonged sitting and lying down. He feels walking and taking his medications help make the pain better. He rates the pain as 8-9/10 without medications and 7/10 with medications. He is taking Gabapentin 800mg TID, Hydrocodone/ASAP 10/325mg one every 6 hours with 20% relief. He is paying out of pocket for his pain medications because it takes too long to approve. He is able to complete activities of daily living with the medications as well as walk with less pain. He has attended a psych evaluation on 5/21/15 for the spinal cord stimulator criteria. Objectives are documented as 5/5 strength in the bilateral lower extremities, positive bilateral straight leg raise at 30-45 degrees in L5 distribution. He has moderate spasms bilaterally in the paraspinous musculature with positive twitch response right greater than left, midline laminectomy scars in place, moderate pain in lumbar flexion and extension, slowed ambulation.

The injured worker has had two lumbar laminectomies and fusions surgeries with the last in 2013 and continues to have suboptimal pain relief due to post-laminectomy syndrome. He wishes to proceed with the spinal cord stimulator trial for treatment. He has signed a narcotic agreement on file and does not exhibit any aberrant drug seeking behavior. The provider is requesting authorization of Spinal Cord Stimulator Trial with BSC 32 Contact system for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial with BSC 32 Contact system for the lumbar spine:

Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 139.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulation Page(s): 105-107.

Decision rationale: The patient presents with lower back pain that radiates all the way down his right leg to his foot and only down to his thigh on his left leg rated 9/10 without and 7/10 with medication. The request is for Spinal Cord Stimulator Trial With Bsc 32 Contact System For The Lumbar Spine. The request for authorization is dated 06/09/15. MRI of the lumbar spine, 11/23/13, shows findings are consistent with interval surgery to L4-5 level on the right side with postsurgical changes including a partial facetectomy and probably discectomy, as on the prior study, there was a large far lateral disc protrusion and foraminal narrowing. The focal disc protrusion and foraminal narrowing are significantly improved compared to the prior study. there is also right lateral recess narrowing previously, which has improved. Physical examination reveals positive straight leg raise bilaterally, mild to moderate palpable spasms bilateral paraspinous musculature with positive twitch response, midline laminectomy scars in place, and decreased range of motion lumbar spine due to pain. Will continue with conservative therapy. Patient's medications include Cymbalta, Keflex, Gabapentin and Hydrocodone. Per work status report dated 05/08/15, the patient remains permanent and stationary. The MTUS Guidelines pages 105 to 107 under spinal cord stimulation 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." MTUS page 101 also recommends psychological evaluation prior to a spinal cord stimulation trial. Per progress report dated 07/27/15, treater's reason for the request is "Patient with greater than 9 year history of low back pain and right leg radicular pain symptoms who has tried and failed conservative therapies including physical therapy, NSAIDS, opiates and muscle relaxants and patient has had two previous lumbar laminectomy and fusion surgeries with the last 2013 and continues to have suboptimal pain relief due to post-laminectomy pain syndrome." It appears the treater has proceeded with the Spinal Cord Stimulator Trial prior to authorization but subsequent a psychological clearance evaluation. Per progress report dated 07/27/15, treater states, "Patient is s/p a trial of spinal cord stimulation on 7/14/15 with suboptimal pain relief therefore will not proceed to perm implant." Per evaluation report dated 05/21/15, treater states, "Results from this psychological evaluation indicate that [the patient] is suitable psychologically for the

implantable procedure being recommended." In this case, the patient has had two back surgeries and treatments of conservative therapies but continues with pain. The patient appears to be suitable candidate as indicated per guidelines for a Spinal Cord Stimulator Trial. Therefore, the request was medically necessary.