

Case Number:	CM15-0135826		
Date Assigned:	07/23/2015	Date of Injury:	10/21/1998
Decision Date:	08/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 October 21, 1998. Treatment to date has included lumbar transforaminal epidural steroid injection, medications, physical therapy, heat-ice therapy, TENS unit, MRI of the lumbar spine. Currently, the injured worker complains of low back pain. He reports having two flare-ups of pain since his previous evaluation and notes that the effects of a lumbar epidural steroid injection performed on January 16, 2015 have worn off. He describes his pain as aching in the upper and mid back, stabbing and burning in the low back and burning and aching in the right lower extremity. His pain is worse with sitting, standing, walking, bending, lying down and lifting. He reports that his pain is relieved with medications, injections, physical therapy and use of his TENS unit. He has improved sleep quality and ease of movement. He is able to do more around the house. He rates his pain an 8 on a 10-point scale without medications and a 5 on a 10-point scale with medications. On physical examination, the injured worker has an antalgic gait. He has reduced strength in the right lower extremity and has decreased sensation over the right leg at the L5-S1 dermatome. He has tenderness to palpation of the sciatic notches, the sacroiliac joint joints and the paraspinals. He has muscle spasms on the right lumbosacral area. Straight leg raise test is positive bilaterally. The diagnoses associated with the request include lumbar degenerative disc disease, lumbar radiculopathy, low back pain, muscle pain, numbness and chronic pain syndrome. The treatment plan includes transforaminal epidural steroid injection, continuation of home exercise program and TENS unit, and trial of spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stim trial: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Spinal cord stimulators.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for chronic low back pain. Treatments have included epidural steroid injections with reported benefit. The claimant has not had spinal surgery. When seen, medications were helping. Benefit from an epidural steroid injection in January 2015 had worn off. He was having burning low back pain radiating into the right lower extremity. Medications were decreasing pain from 8/10 to 5/10. There was decreased right lower extremity strength and sensation with positive straight leg raising. There was sciatic notch and sacroiliac joint tenderness. There was lumbar paraspinal muscle tenderness with muscle spasms. Sacroiliac joint testing on the right was positive. Recommendations included another epidural steroid injection. Medications were refilled and included Norco and MS Contin at a total MED (morphine equivalent dose) of 85 mg per day. Criteria for consideration of a spinal cord stimulator include a history of failed back syndrome or complex regional pain syndrome (CRPS) / reflex sympathetic dystrophy (RSD). In this case, neither of these conditions is present. The claimant is being managed with medications at an MED of less than 120 mg per day and epidural steroid injections and has not failed less invasive treatments. The requested spinal cord stimulator trial is not medically necessary.