MAXIMUS Federal Services

Case Number:	CM15-0137017		
Date Assigned:	07/27/2015	Date of Injury:	10/19/1992
Decision Date:	08/21/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/15/2015

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: Emergency 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:

This 50 year old female sustained an industrial injury to the back on 10/19/92. The injured worker had thoracic disc herniations that progressively protruded at multiple levels in the spine with calcific disc herniations in the thoracic spine and subsequent lower extremity weakness and numbness, ataxia and neurogenic bladder. Magnetic resonance imaging thoracic spine (10/22/14) showed a paracentral disc protrusion at T10-11 and disc osteophyte complex at T11-12. Recent treatment consisted of injections and medications. In a PR-2 dated 6/26/15, the injured worker complained of severe abdominal pain and nausea. The injured worker reported that she had been without medications for three weeks due to insurance denial. The injured worker stated that she spent four days in bed at a Father's day retreat crying due to pain. Physical exam was remarkable for tenderness to palpation to the upper back and abdomen and severe spasticity to bilateral lower extremity's making passive movement difficult. Current diagnoses included T10 level paraplegia, neck sprain/strain, fibromyalgia, neurogenic bladder and secondary neuropathic pain. The treatment plan included requesting pain blocks, requesting a spinal cord stimulator trial and medications (Lactulose, Kristalose, Lyrica, Wellbutrin, Clonidine, Neurontin, Xanax and Nexium).

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: As per MTUS Chronic pain guidelines, Spinal Cord Stimulators (SCS) may be recommended under specific conditions. It may be recommended for diagnosis of Failed Back Surgery with failed conservative management. Patient has not gotten psychological clearance as mandated by guidelines before a trial can be recommended. Spinal Cord Stimulator trial is not medically necessary.