

Case Number:	CM15-0137580		
Date Assigned:	07/27/2015	Date of Injury:	08/30/2000
Decision Date:	08/24/2015	UR Denial Date:	06/26/2015
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, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 53 year old male with an August 30, 2000 date of injury. A progress note dated May 1, 2015 documents subjective complaints (neck pain that radiates down both upper extremities to the thumb and index fingers; bilateral shoulder pain right worse than left; lower back pain radiating into the buttocks and both hips and down the back of the left lower extremity into the foot; ringing sensation in both ears; numbness in both upper extremities and both lower extremities; worsening depression), objective findings (antalgic gait; marked tenderness to midline of the cervical spine and lumbar spine; decreased range of motion of the lumbar spine; tenderness over the right shoulder; decreased range of motion of the right shoulder; decreased power in the lower extremities; reduced sensation to light touch along the right forearm, left arm, left forearm, posterior right leg, lateral left thigh and the anterior and lateral left leg; positive straight leg raise test in the left; FABER test positive bilaterally), and current diagnoses (cervical degenerative disc disease; lumbar degenerative disc disease; right shoulder pain; gastrointestinal ulcer and hiatal hernia; tinnitus and hearing loss; bowel incontinence; blurred vision; depression). Treatments to date have included cervical spine fusion, lumbar spine fusion, medications, and imaging studies. The treating physician documented a plan of care that included a spinal cord stimulator trial with concurrent trial of peripheral nerve stimulator.

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 concurrent trial of peripheral nerve stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal nerve stimulator Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Spinal nerve stimulator.

Decision rationale: Pursuant to the Official Disability Guidelines, spinal cord stimulator trial with concurrent trial of peripheral nerve stimulator is not medically necessary. The indications for stimulator implantation are complex regional pain syndrome (CRPS) or failed back surgery syndrome when all of the following are present: there has been a limited response to non-interventional care; psychological clearance indicates realistic expectations and clearance for the procedure; no current evidence of substance abuse issues; no contraindication to a trial; permanent placement requires evidence of 50% pain relief with medication reduction or functional improvement after temporary trial. PENS is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other nonsurgical treatments including therapeutic exercise and TENS have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. In this case, the injured worker's working diagnoses are cervical degenerative disc disease; lumbar degenerative disc disease; right shoulder pain; G.I. ulcers and hiatal hernia; tinnitus; bowel incontinence; blurred vision; and depression. Date of injury is August 30, 2000. The request for authorization is dated June 16, 2015. Documentation from a psychology progress note dated February 23, 2015 states the injured worker is not doing well, is paranoid, is having a slow progression with poor judgment and insight. There is no hard copy psychological clearance (for the SCS) in the medical record available for review. The most recent progress note dated May 1, 2015 subjectively states the injured worker has ongoing neck and low back pain. The injured worker is status post lumbar fusion 2006 and cervical fusion 2011. The pain is worse. The requesting provider is ordering a spinal cord stimulator for ongoing low back and leg pain. As noted above, the injured worker is still currently receiving psychological treatment. The most recent progress note (May 1, 2015) indicates the injured worker's depression is worse. Consequently, absent clinical documentation with a hard copy psychological clearance for the spinal cord stimulator and documentation indicating injured worker is paranoid with poor judgment, insight and worsening depression, spinal cord stimulator trial with concurrent trial of peripheral nerve stimulator is not medically necessary.