

Case Number:	CM15-0144294		
Date Assigned:	08/05/2015	Date of Injury:	01/07/2013
Decision Date:	09/01/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/24/2015

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 42 year old male, who sustained an industrial injury on 01-07-2013. On provider visit dated 06-17-2015 the injured worker has reported back pain with radiation to his bilateral legs. On examination of the lumbar spine revealed a well healed incision the low back. His gait was antalgic. Straight leg test was positive on the right. Sensation was decreased in the bilateral posterolateral legs and reflexes were decreased. The diagnoses have included status post L5-S1 transforaminal lumbar interbody fusion on 12-16-2014, and status post L5-S1 decompression 05-29-2014. Treatment to date has included medication and physical therapy. The provider requested psych clearance for spinal cord stimulator and spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych clearance for spinal cord stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Chapter.

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 (SCS).

Decision rationale: The claimant sustained a work injury in January 2013 and underwent an L5-S1 lumbar decompression in May 2014 and an L5-S1 lumbar fusion in December 2014. He was seen on 06/17/15. He was having bilateral lower extremity pain. Treatments had included medications and extensive physical therapy. Physical examination findings included an antalgic gait. He was having difficulty sitting and standing. Straight leg raising was positive on the right side. There was decreased lower extremity strength and sensation. His Neurontin dose was increased from 300 to 600 mg three times per day. Norco 5 mg was increased from 30 to 45 mg per day. An MRI of the lumbar spine on 06/02/15 included findings of a left lateralized L5-S1 foraminal disc protrusion affecting the left L5 nerve root. A spinal cord stimulator is recommended for selected patients in cases when less invasive procedures have failed or are contraindicated. In this case, the claimant has lower extremity radicular symptoms and has imaging findings showing postsurgical changes with neural compromise. He has not had a trial of epidural injections. Medications included gabapentin and Norco. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. The claimant's gabapentin dosing was appropriately increased from 900 mg per day to 1800 mg per day. Norco was also increased, and the total MED (morphine equivalent dose) remained well below the recommended 120 mg MED per day. He has not failed other conservative treatments and the request for a spinal cord stimulator or for clearance for a trial is therefore not medically necessary.

Spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, Chronic Pain Treatment Guidelines Spinal cord stimulator. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Pain Chapter.

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 (SCS).

Decision rationale: The claimant sustained a work injury in January 2013 and underwent an L5-S1 lumbar decompression in May 2014 and an L5-S1 lumbar fusion in December 2014. He was seen on 06/17/15. He was having bilateral lower extremity pain. Treatments had included medications and extensive physical therapy. Physical examination findings included an antalgic gait. He was having difficulty sitting and standing. Straight leg raising was positive on the right side. There was decreased lower extremity strength and sensation. His Neurontin dose was increased from 300 to 600 mg three times per day. Norco 5 mg was increased from 30 to 45 mg per day. An MRI of the lumbar spine on 06/02/15 included findings of a left lateralized L5-S1 foraminal disc protrusion affecting the left L5 nerve root. A spinal cord stimulator is recommended for selected patients in cases when less invasive procedures have failed or are

contraindicated. In this case, the claimant has lower extremity radicular symptoms and has imaging findings showing postsurgical changes with neural compromise. He has not had a trial of epidural injections. Medications included gabapentin and Norco. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. The claimant's gabapentin dosing was appropriately increased from 900 mg per day to 1800 mg per day. Norco was also increased, and the total MED (morphine equivalent dose) remained well below the recommended 120 mg MED per day. He has not failed other conservative treatments and the request for a spinal cord stimulator or for clearance for a trial is not medically necessary.