MAXIMUS Federal Services

Case Number:	CM15-0148117		
Date Assigned:	08/11/2015	Date of Injury:	03/31/2014
Decision Date:	09/22/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/30/2015

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: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 52-year-old male who sustained an industrial injury on 3/31/14. Injury occurred relative to a motor vehicle accident resulting in left 3rd to 10th rib fractures, memory loss due to concussion, and neck, back and leg pain. Conservative treatment included bilateral sacroiliac injections, medication, L4/5 and L5/S1 facet joint injections, T8/9 intercostal nerve blocks, and thoracic and lumbar medial branch blocks. The 5/8/14 lumbar spine MRI impression documented slight degenerative disc disease at l1 and L2/3 with small anterior marginal spurs. There was no disc herniations, spinal stenosis, or foraminal stenosis visualized. The 5/8/14 thoracic spine MRI impression documented degenerative disc disease at the T2/3 level with 3 mm left disc herniation compression the thecal sac and abutting the left anterior aspect of the spinal cord. There was T8/9 degenerative disc disease with 2 mm central disc bulge/herniation slightly compression the thecal sac without affecting the spinal cord. The injured worker underwent psychological evaluation for spinal cord stimulator trial on 6/6/15. The injured worker had intensive negative feelings about a particular hospital and the choice of that hospital for this procedure would require re-assessment. Surgery was no counter-indicated. The 6/19/15 treating physician report cited back and sacroiliac pain. He had sacroiliac injections with poor short term results. Lumbar pain was 50% improved after facet injection. He had trialed various oral medications with adverse reactions and limited effectiveness. Pain was 4/10 without medication, and 3/10 with medication. Sleep was poor due to pain. Physical exam notes mild distress. The treatment plan included spinal cord stimulator, medication changes and physical therapy. Authorization was requested for spinal cord stimulator trial. The 6/30/15 utilization review non-certified the request for spinal cord stimulator trial as the records did not establish that the injured worker had failed less invasive procedures to satisfy guideline criteria.

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 ACOEM Chapter 12 Low Back Complaints Page(s): 307, Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS).

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

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have not been met. This injured worker has not been diagnosed with complex regional pain syndrome and has not undergone a previous back surgery. Detailed evidence of a comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.