

Case Number:	CM15-0164573		
Date Assigned:	09/01/2015	Date of Injury:	08/29/2002
Decision Date:	10/08/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/21/2015

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 59-year-old male who sustained an industrial injury on 8/29/02. The mechanism of injury was not documented. Past surgical history was positive for bilateral laminectomy, discectomy and fusion at L4/5 and L5 in March 1988. The 4/15/15 pain management report recommended a trial of spinal cord stimulator, but neither the report nor the available records evidenced a psychological evaluation for spinal cord stimulator implant. The 7/12/15 pain management report indicated that the injured worker had completed a spinal cord stimulator trial. He was very pleased with the trial. He noted a 50% reduction in overall pain, an increase in activities, and reduction in the amount of medications needed. He felt that he could do any with most medications with a permanent implant. His leg pain was reduced and he was able to go on a bike ride without difficulty. Authorization was requested for spinal cord stimulator lead placement implant and spinal cord stimulator implant/revision of battery. The 7/20/15 utilization review non-certified the request for spinal cord stimulator lead placement implant and spinal cord stimulator implant/revision of battery as there was no supportive psychological exam noted in the available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCS lead placement implant: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

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 fully met. This injured worker presents with on-going pain and functional difficulty. There is reported overall pain reduction, increased activity, and medication reduction with the spinal cord stimulator trail. However, there is no evidence that a psychological evaluation has been performed. Therefore, this request is not medically necessary at this time.

SCS Implant / Revision of battery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

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 fully met. This injured worker presents with on-going pain and functional difficulty. There is reported overall pain reduction, increased activity, and medication reduction with the spinal cord stimulator trail. However, there is no evidence that a psychological evaluation has been performed. Therefore, this request is not medically necessary at this time.