

Case Number:	CM15-0169904		
Date Assigned:	09/10/2015	Date of Injury:	12/14/2011
Decision Date:	10/09/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/28/2015

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 56-year-old female who sustained an industrial injury on 12/14/11. Injury occurred when she fell on a staircase and landed on her knees. Conservative treatment included lumbar epidural steroid injection, functional restoration program, chiropractic treatment, physical therapy, and medications. The 6/3/15 treating physician report cited low back pain radiating into both legs. The injured worker reported that Vicoprofen helped significantly and allowed her to continue working, exercise regularly and do her usual activities. She had 12 visits of chiropractic treatment with good benefit, and would like to continue the treatment. She was doing regular exercise including walking and was able to work from home full time. Physical exam was reported as unchanged from 4/2/15. Continued medication management was warranted, and she was opined an excellent candidate for spinal cord stimulation. Imaging and electrodiagnostic studies were reviewed and were consistent with chronic lumbar radiculopathy of L3, L4, and L5. The treatment plan recommended continuation of current medications, authorization for psychological consult for clearance for spinal cord stimulator trial, and additional chiropractic treatment for 6 weeks. The 8/5/15 treating physician report cited a flare- up of low back and lower extremity numbness following a flight to Europe for work. She reported a couple of episodes of severe calf spasms at night that were helped with Voltaren gel and Flexeril. She was continuing to do pool exercise twice a week and walking despite the pain. Pain medication helped significantly. Review of systems documented fatigue, shortness of breath, arthralgia/joint pain and back pain, left arm and bilateral leg numbness, depression, stress, and sleep disturbances. Physical exam was reported as unchanged from

4/2/15. The treatment plan recommended continuation of current medications, authorization for psychological evaluation and spinal cord stimulator trial, continued exercise, and magnesium supplements for leg cramps. Authorization was requested for a spinal cord stimulator trial. The 8/20/15 utilization review non-certified the request for spinal cord stimulator trial noting this was recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated.

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 Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Spinal cord stimulators (SCS).

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 met. This injured worker presents with chronic low back pain and bilateral radiculopathy. She does not meet guideline criteria for spinal cord stimulator trial based on diagnosis. There is no history of back surgery and she has not been diagnosed with complex regional pain syndrome. There is no evidence that less invasive procedures have failed or are contraindicated. There is no evidence of psychological clearance. Therefore, this request is not medically necessary.