

Case Number:	CM15-0188546		
Date Assigned:	09/30/2015	Date of Injury:	02/13/2015
Decision Date:	11/09/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/24/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 42 year old male with an industrial injury dated 02-13-2015. A review of the medical records indicates that the injured worker is undergoing treatment for T7-8, T8-9, T9-10 herniation, L4-5 central lumbar herniation and left ankle and lower leg injury. Treatment has included diagnostic studies, anti- inflammatories, and periodic follow up visits. According to the progress note dated 09-11-2015, the injured worker reported mid pack pain and low back pain. Objective findings (04-03-2015 to 09-11-2015) revealed tender mid thoracic region centered at T8-9, positive lumbar tenderness to palpitation in the area of L4-5 and decrease sensation in left lower extremity at L4-L5. The treating physician reported that the x-ray of the thoracic spine dated 05-15-2015 revealed no evidence of obvious fracture or deformity. The treating physician reported that the x-ray of lumbar spine and pelvis dated 04-13-2015 revealed possible L5-S1 narrowing with no instability. The treating physician also reported that the Magnetic Resonance Imaging (MRI) of thoracic spine dated 06-01-2015 revealed T7-T10 herniation and recent Magnetic Resonance Imaging (MRI) of lumbar spine revealed L4-5 lumbar herniation. The treatment plan included spinal cord stimulator trial given the diagnostic results and the fact that the injured worker was considered not a good surgical candidate. The original utilization review determination (09-22-2015) denied the request for spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), SCS.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, spinal cord stimulator.

Decision rationale: The MTUS addresses use of spinal cord stimulators, stating that they are rarely used and should be reserved for patients with low back pain for more than six months duration who have not responded to the standard non-operative or operative interventions. According to the ODG there is some evidence supporting the use of Spinal Cord Stimulation (SCS) for Failed Back Surgery Syndrome (FBSS) and other selected chronic pain conditions. Spinal Cord Stimulation is a treatment that has been used for more than 30 years, but only in recent years has it met with widespread acceptance and recognition by the medical community. It appears that the patient has a history of failed modalities to this point, but surgery has not been attempted and the evidence is not extremely strong to support a spinal cord stimulator in this setting. However, based on the clinical records and recommendations of the guidelines, in the opinion of this reviewer, a trial of spinal cord stimulator is medically appropriate as it is less invasive than operative treatment in a suboptimal surgical candidate.