

Case Number:	CM15-0191734		
Date Assigned:	10/05/2015	Date of Injury:	03/28/2012
Decision Date:	11/12/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/29/2015

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 49-year-old male who sustained an industrial injury on 3/28/12. The mechanism of injury was not documented. The 9/19/13 lumbar spine MRI documented small broad-based disc bulges at L3/4, L4/5 and L5/S1, resulting in mild central canal narrowing. There was bilateral facet hypertrophy at these levels, resulting in mild neuroforaminal narrowing. The 10/28/13 lower extremity electrodiagnostic study evidence lumbar radiculopathy at L5-S2. The 7/29/15 orthopedic report cited low back pain radiating into the left leg all the way to the foot with associated numbness and tingling. Physical exam documented limited flexion, positive left straight leg raise, normal lower extremity strength, and normal gait. EMG was consistent with left L5, S1, and S2 acute radiculopathy. The diagnosis included chronic intractable axial lower back pain and radiating leg pain. Imaging showed lumbar spondylosis at L3/4 with anterior osteophytes. Authorization was pending for a spinal cord stimulator trial. The 9/4/15 treating physician report cited grade 5-9/10 low back pain radiating down the left lower extremity. Pain was better with medication and rest, and worse with physical activity. Oswestry score without medications was reported 90%, and with medications was 48%. Current medications included Norco and Flexeril. Past treatment included 5 visits of aquatic therapy, cognitive behavioral therapy, lumbar medial branch block, and 6 visits of physical therapy. Physical exam documented lower lumbar paraspinal muscle spasms with tenderness, restricted and painful lumbar range of motion, and decreased sensation left lower extremity with weakness. The diagnosis included lumbar sprain/strain, lumbar multilevel degenerative disc disease, left lumbar radiculopathy L5-S2, right sacroiliac joint dysfunction associated with pelvic obliquity,

and chronic pain syndrome. The injured worker had a trial of a spinal cord stimulator and indicated that it decreased pain and he was able to reduce his medication from 3 per day to 1 per day. Authorization was requested for spinal cord stimulator implantation. The 9/14/15 utilization review non-certified the request for spinal cord stimulator implantation as there was no documentation of objective functional improvement or evidence of a pain journal documenting the level of pain relief along with increased functional improvement during the 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 Implantation: 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 met. This injured worker has not undergone a previous back surgery and has not been diagnosed with complex regional pain syndrome. There is no specific documentation of a spinal cord stimulator trial or quantified response in terms of pain reduction or objective functional improvement. There is no documentation in the medical records that this injured worker has exhausted less invasive procedures. Therefore, this request is not medically necessary.