

Case Number:	CM15-0196070		
Date Assigned:	10/09/2015	Date of Injury:	08/27/2012
Decision Date:	11/19/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 71 year old female, who sustained an industrial injury on 8-27-2012. The injured worker was being treated for lumbar radiculopathy. Medical records (7-29-2015) indicate the injured worker underwent a psychological evaluation for a spinal cord stimulator. The injured worker reported ongoing low back and bilateral lower extremity pain, left greater than right. Associated symptoms include numbness, tingling, electrical sensation, and pinching in her lower extremities. She reported increased anxiety and depression over the past 6 months. Associated symptoms include irritability, impatience, frustration, tearfulness, sadness, and panic-like symptoms. The mental status exam (7-29-2015) reveals high moderate range depression and moderate range anxiety. Per the treating physician (7-29-2015 report), there were no contraindications to a spinal cord stimulator seen. In addition, the treating physician recommended a course of Spanish language cognitive behavioral therapy pain education and coping skills group. Medical records (9-17-2015) indicate ongoing back pain. The physical exam (May 29, 2015 to 9-17-2015) reveals a slowed and stooped gait, restricted lumbar flexion of 40 degrees and extension of 10 degrees due to pain, and hypertonicity, spasm, tight muscle band, and trigger point of the bilateral paravertebral muscles. A twitch response and radiating pain on palpation of the paravertebral muscles were obtained. There is positive bilateral lumbar facet loading, positive bilateral sitting straight leg raise at 65 degrees, and positive Faber test. Per the treating physician (9-17-2015 report), the injured worker would like a spinal cord stimulator trial for failed back surgery syndrome. Surgeries to date have included decompressive spine surgery at L4-5 (lumbar 4-5) in 2013. Treatment has included physical therapy, acupuncture, injections,

a cane, and medications including pain and anti-epilepsy. On 9-25-2015, the requested treatments included a spinal cord stimulator trial. On 10-2-2015, the original utilization review non-certified a request for a 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 Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), Spinal cord stimulators (SCS).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. The MTUS states that the purpose of psychosocial evaluations should determine if further psychosocial interventions are indicated. These evaluations are recommended prior to spinal cord stimulator trials. Additionally, the MTUS ACOEM Guidelines state that implantable spinal cord stimulators 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. The documentation does not reveal that the patient has had the recommended behavioral pain management counseling and cognitive behavioral therapy and pain coping skills treatment that was recommended by a pain psychologist. The spinal cord stimulator is recommended as a last resort option only per the MTUS. The request for a spinal cord stimulator is not medically necessary.