

Case Number:	CM15-0200021		
Date Assigned:	10/15/2015	Date of Injury:	01/17/2008
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/12/2015

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 42-year-old female who sustained an industrial injury on 1/17/05. Injury occurred when she was trying to assist an individual in getting out of the car. Past surgical history was positive for an L5/S1 discectomy on 12/8/08 and an L5/S1 anterior fusion on 1/25/10. Conservative treatment had included chiropractic, physical therapy, home exercise program, lumbar epidural steroid injection, medications, and activity modification. The 5/29/15 lumbar spine MRI impression documented a metallic disc spacer at L5/S1 with partial left hemilaminectomy. There was a suspected small focus of dural fibrosis/scar tissue adjacent to the left side of the thecal sac at this level, without distortion or significant compression of the thecal sac. There was no spinal canal or neuroforaminal stenosis at this level. There was a mild diffuse posterior annular disc bulge at L4/5 with ligamentum flavum hypertrophy and facet arthropathy resulting in mild central canal stenosis. She underwent a left L4/5 transforaminal epidural steroid injection on 8/28/15. The 9/15/15 treating physician report cited continued left sciatica. She had an epidural injection with only about 25% relief of her back and leg pain, mainly the back pain. Denials of medications were noted. Physical exam documented positive left straight leg raise with subtle weakness over the left extensor hallucis longus. The diagnosis included left lateral protrusion at L4/5 with radiculopathy, and status post anterior fusion and posterior decompression at L5/S1 with chronic back and leg pain. Medications included Norco, Neurontin and Soma. She had failed back surgery syndrome with persistent radiculopathy. Authorization was requested for a spinal cord stimulator trial. The 9/25/15 utilization review non-certified the spinal cord stimulator trial as there was no documentation indicating that a psychological

evaluation had been conducted to determine appropriateness for consideration of 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 is status post two lumbar spine surgeries with persistent pain. Detailed evidence of a reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no evidence of a psychological clearance for a spinal cord stimulator trial. Therefore, this request is not medically necessary at this time.