

Case Number:	CM15-0201907		
Date Assigned:	10/16/2015	Date of Injury:	04/03/2007
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male with an industrial injury dated 04-03-2007. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, failed back surgery syndrome and chronic daily opioid. According to the progress note dated 09-16-2015, the injured worker reported pain in the back and right lower extremity. The injured worker reported moderate constant pain with intermittent severe pain. The injured worker is currently taking Norco 10mg per day for pain. The injured worker has 20% pain in the right arm and 80% in his back and legs. The injured worker reported that the pain is worse by walking and alleviated by lying down. He has pain at rest. The injured worker reported pain and weakness in the legs and numbness in the right lower extremity. Objective findings (09-16-2015) revealed independent ambulation with use of cane, limited range of motion and decreased lumbar flexion and extension. The treating physician reported that the Magnetic Resonance Imaging (MRI) of the lumbar spine dated 09-01-2015 revealed advanced spondylosis with posterior fusion hardware at L4-5. There was mild to moderate spondylosis, small moderate disc bulge and mild central canal stenosis at L3-4. There was mild to moderate bilateral neural foraminal stenosis and moderate facet degeneration and hypertrophy. There was also mild spondylosis with mild to moderate disc bulge and mild to moderate bilateral neural foraminal stenosis at L5-S1. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. The utilization review dated 09-30-2015, non-certified the request for trial dorsal column stimulator for lumbar spine and electrodes for leads #32.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Dorsal Column Stimulator for Lumbar Spine and Electrodes for Leads # 32: 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: MTUS guidelines states that spinal cord stimulators are only recommended for selected patients as there is limited evidence of its functional benefit or efficacy for those failed back surgery syndrome and complex regional pain syndrome. It may be an option when less invasive procedures are contraindicated or has failed. Criteria include psychological evaluations screening along with documented successful trial prior to permanent placement for those patients with specific diagnoses of failed back syndrome; complex regional pain syndrome; post-amputation pain; post-herpetic neuralgia; spinal cord dysesthesia/injury; multiple sclerosis or peripheral vascular diseases. Submitted reports have not demonstrated support to meet these criteria as no medical clearance from a psychologist has been noted and no failed conservative treatment or ADL limitations are documented to support for SCS. The Trial Dorsal Column Stimulator for Lumbar Spine and Electrodes for Leads # 32 is not medically necessary or appropriate.