

Case Number:	CM15-0204324		
Date Assigned:	10/21/2015	Date of Injury:	12/10/2010
Decision Date:	12/31/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/19/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 12-10-2010. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for lumbar disc herniations at L3-4, L4-5, and L5-S1 with severe left neural foraminal narrowing at L5-S1, lumbar facet arthropathy, and lumbar stenosis. Treatment and diagnostics to date has included physical therapy, chiropractic treatment, acupuncture, epidural steroid injections, and medications. Recent medications have included Diclofenac, Lyrica, and Ultracet. Subjective data (09-09-2015 and 09-14-2015), included low back and bilateral leg symptoms. Objective findings (09-14-2015) included an antalgic gait, limited lumbar spine range of motion, tenderness to palpation of the lumbar spine with spasms noted, decreased sensation in left L3, L4, L5, and S1 dermatomes, and slump positive on the left. The request for authorization dated 09-09-2015 requested spinal cord stimulator trial. The Utilization Review with a decision date of 10-13-2015 non-certified the request for 2 spinal cord stimulator trial, 1 psychiatric clearance for spinal cord stimulator trial, 1 MRI of the thoracic spine, and Diclofenac sodium DR 75mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 SCS (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: Per MTUS, page 107: Indications for stimulator implantation: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70- 90% success rate, at 14 to 41 months after surgery. Post amputation pain (phantom limb pain), 68% success rate. Post herpetic neuralgia, 90% success rate. Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury). Pain associated with multiple sclerosis. Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. (Flotte, 2004) The patient does not have any of these conditions. MTUS does not support spinal cord stimulation for patients with back pain that have not undergone prior surgery (failed back syndrome). The patient has not had prior back surgery. Treatment and diagnostics to date has included physical therapy, chiropractic treatment, acupuncture, epidural steroid injections, and medications but not prior back surgery. Therefore this request is not medically necessary.

Psychiatric clearance for SCS (spinal cord stimulator) trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

Decision rationale: Using the guidelines noted above, the patient is not a candidate for spinal cord stimulation. MTUS generally supports psychological screening, but in this case, the requested spinal cord stimulation is not medically necessary. Therefore the request for psychological evaluation is not medically necessary.

Magnetic resonance imaging (MRI) of the thoracic spine: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per MTUS, Low Back page 303: If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures) The patient continues to have back pain despite multiple interventions. Surgery may be required to treat the pain. MRI to precisely define the anatomy of the painful regions is warranted to evaluate the possibility for surgery. Therefore this request is medically necessary.

Diclofenac sodium DR (delayed release) 75mg, #60: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS, NSAIDS: Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. The records document longer term usage of NSAIDS. MTUS supports only short duration courses of treatment. The request exceeds guidelines and is not medically necessary.