

Case Number:	CM15-0206545		
Date Assigned:	10/23/2015	Date of Injury:	10/19/2006
Decision Date:	12/04/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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 55-year-old male who sustained an industrial injury on 10/19/06. Past surgical history was positive for L5/S1 decompression in 2010 and a subsequent fusion in 2011. He underwent spinal cord stimulator trial in 2013 with reported excellent relief of his back, leg, and bilateral foot pain but permanent placement was never approved. The 10/20/15 treating physician report cited progressively worsening low back pain radiating into the bilateral lower extremities to the feet and ankles, and constant severe burning pain in both feet. He have having on-going difficulties with medication management which had reduced in efficacy from about 50% to 20%. There was sleep disturbance and he was averaging 3-4 hours of sleep per night. Physical exam documented paraspinal hypertonicity, painful and restricted lumbar range of motion, normal lower extremity strength, and decreased S1 dermatomal sensation. The diagnosis included post-laminectomy syndrome. The injured worker had persistent neuropathic pain in the L5 and S1 distributions. He had failed pain management, physical therapy, injections, nerve blocks, and behavioral modification. A trial of a spinal cord stimulator was recommended. The injured worker had been deemed an appropriate candidate to move forward with his spinal cord stimulator trial from a mental health perspective following a psychological evaluation in August. Authorization was requested for a spinal cord stimulator trial for the management of radicular syndrome of lower limbs, lumbar disc displacement and foot pain. The 10/13/15 utilization review non-certified the request for spinal cord stimulator trial as there was no documentation of psychiatric clearance consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial, for the management of submitted diagnosis of radicular syndrome of lower limbs, lumbar disc displacement and foot pain: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 been met. This injured worker presents with persistent and worsening low back pain radiating into the bilateral lower extremity with constant burning foot pain. He is status post L5/S1 decompression and fusion surgery with persistent neuropathic pain. He reports difficulty with medication management and decreasing effectiveness of medications. Detailed evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. The treating physician documented a psychological clearance. Therefore, this request is medically necessary.