MAXIMUS Federal Services

Case Number:	CM15-0020595		
Date Assigned:	02/10/2015	Date of Injury:	06/07/2012
Decision Date:	04/20/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/04/2015

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, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 58 year old male, who sustained an industrial injury on 6/07/2012. He was diagnosed as having bilateral lower extremity radiculopathy status post laminectomy, question early arachnoiditis and depression secondary to chronic pain. Treatment to date has included medications, diagnostics including magnetic resonance imaging (MRI) and epidural steroid injections. Per the Interval Orthopedic Follow-up Examination dated 1/02/2015, the injured worker reported pain radiating down to his legs to his feet. He reported slight urinary incontinence and erectile dysfunction. Physical examination revealed decreased lumbar spine range of motion. Straight leg raise test was negative bilaterally. Deep tendon reflexes were absent at the ankles and knees. Both toes were down going. The plan of care included implantation of a spinal cord stimulator and a psychological evaluation. Authorization was requested for 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 ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Spinal Cord Stimulator (SCS) and Other Medical Treatment Guidelines UpToDate, Intractable Low Back Pain.

Decision rationale: In this patient, the treatment is being requested for his radicular pain. MTUS and ODG state, 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. While Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I are possible conditions for use of spinal cord stimulator, ODG and MTUS additionally clarifies that evidence is limited and more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. The medical documents do not indicate when the most recent trial of physical therapy sessions were utilized or what other less invasive treatments have been tried since his surgery. This is also a history of depression necessitating a psychological evaluation, which has yet to occur. Additionally, no quantifying of patient's pain level or functional level was present in progress notes, which is important to assess the level of pain typically experienced by the patient to determine if the pain is intractable, per Up-to-date guidelines. As such, the request for Spinal cord stimulator trial is not medically necessary.