

Case Number:	CM15-0024577		
Date Assigned:	02/17/2015	Date of Injury:	02/08/2012
Decision Date:	03/27/2015	UR Denial Date:	02/01/2015
Priority:	Standard	Application Received:	02/09/2015

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:

The injured worker is a 46-year-old male, who sustained an industrial injury on 2/08/12. Injury occurred while moving a heavy bag, full of books. Past surgical history was positive for two right L5/S1 discectomies in 2003 within a week, and left L4/5 discectomy and posterior lumbar interbody fusion at L5/S1 on 12/17/12. The 7/1/14 lumbar spine MRI impression documented no significant interval changes since the prior study. There may be slightly worsened degenerative disease at L4/5. There were persistent post-operative changes encasing the left L5 nerve root and effacing the left lateral recess at the L4/5 level. The 8/25/14 neurosurgical report indicated that the injured worker complained of severe right hip pain, along with burning pain in the right posterior lateral thigh, shin and top of the foot. He had a single right hip injection with tremendous relief of his hip region pain for over a month, and had returned to baseline. All his severe left-sided pre-operative radicular symptoms had resolved. He had on-going multifactorial right lower extremity pain. He had severe right hip osteoarthritis, dramatically improved with one injection. He also had radicular right lower extremity pain without any clear cause on lumbar imaging. There was no right sided nerve root compression noted at any level. Referral for possible spinal cord stimulator placement was recommended. Records documented a recommendation for right total hip replacement. The 1/21/15 treating physician report cited grade 6/10 constant low back pain radiating down the right lower extremity to the foot. Pain was improved 80% with recent right hip injection, and activity level improved. Quality of sleep was poor. Medications included cyclobenzaprine, Celebrex, Cymbalta, Lyrica, Norco, and Nucynta. Pain was reported better controlled with an increased dose of Norco and Lyrica with minimal

side effects. Difficulties were reported with authorization of medications, but medications were noted as providing relief. Physical exam documented right posterior iliac spine tenderness, and decreased sensation over the right lateral calf. The diagnosis included lumbar radiculitis, lumbar post laminectomy syndrome and osteoarthritis. The treatment plan recommended spinal cord stimulator trial and the patient was referred to a psychologist. On 02/01/15 Utilization Review non-certified spinal cord stimulator trial. The rationale noted there was no evidence of conservative treatment failure, given the recent positive response to injection. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

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 Treatment Guidelines Spinal Cord Stimulators Page(s): 101 & 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 105-107.

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. There is multifactorial right lower extremity pain, with a hip and radicular component. The hip component is relieved with injection and a total hip replacement has been recommended. The radicular component benefits from medications but delays and denials in medication authorizations are reported. Therefore, there is no clear evidence that medications and interventional pain management have failed. There is no evidence of psychological clearance for the spinal cord stimulator trial. Therefore, this request for spinal cord stimulator (SCS) trial is not medically necessary at this time.