

Case Number:	CM15-0026335		
Date Assigned:	02/18/2015	Date of Injury:	04/04/2012
Decision Date:	03/30/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/11/2015

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 42-year-old male, with a reported date of injury of 04/04/2012. The diagnoses include failed low back pain syndrome, status post L4-5 anterior-posterior fusion, decompression and instrumentation, status post right L4-5 discectomy, lumbar radiculopathy, spinal stenosis at L3-4 and L4-5, and probable lumbar facet osteoarthritis. Treatments have included an x-ray of the lumbar spine on 01/15/2014, which showed continued healing and arthrodesis at L4-5 with intact instrumentation; an MRI of the lumbar spine on 01/23/2013; and oral medications. The progress report dated 01/23/2015 indicates that the injured worker had low back pain and bilateral extremity pain. He reported a new onset of shooting pain in his left lower extremity with associated weakness. The injured worker also reported constant numbness and tingling in his bilateral legs to feet. He rated his pain 8 out of 10 without medications, and 7 out of 10 with medications. The physical examination showed moderate tenderness and spasm across the lumbosacral area, positive bilateral straight leg raise, flexion was 70% restricted, lateral bending was 30% restricted, and hypoesthesia along the lateral legs and feet. The treating physician requested a spinal cord stimulator trial. The rationale for the request was not indicated. On 01/28/2015, Utilization Review (UR) denied the request for spinal cord stimulator trial. The MTUS Chronic Pain Guidelines and the non-MTUS Official Disability 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 stimulation trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS), pages 105-107 & Psychological evaluations, Page 101-102.

Decision rationale: MTUS guidelines state that spinal cord stimulators are only recommended for selected patients as there are limited evidence of functional benefit and efficacy for those with failed back surgery syndromes. It may be an option when less invasive procedures are contraindicated or has failed and prior psychological evaluations along with documented successful trial are necessary prior to permanent placement for those patients with diagnoses of failed back syndrome; post-amputation pain; post-herpetic neuralgia; spinal cord dysesthesia/injury; confirmed CRPS; multiple sclerosis or peripheral vascular diseases. Submitted reports have not demonstrated support to meet these criteria and have not adequately demonstrated any failed conservative treatment, ADL limitations, clear specific clinical findings, and psychological evaluation/ clearance to support for SCS. The Spinal cord stimulation trial is not medically necessary and appropriate.