

Case Number:	CM15-0027129		
Date Assigned:	02/19/2015	Date of Injury:	03/22/2002
Decision Date:	04/14/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/12/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 53-year-old male who sustained a work related injury March 22, 2002. Past history included; s/p open rotator cuff repair and acromioplasty, percutaneous placement of spinal cord leads trial 1/14/2013 (procedure report present in medical record). Diagnosis lumbar post laminectomy syndrome, s/p L4-5 and L5-S1 anterior posterior interbody fusion with subsequent removal of posterior fusion hardware, 2004/2005, implantation lumbar spinal cord stimulator April, 2013, and left sided abdominal wall hernia. According to a follow-up pain management consultation, dated December 15, 2014, the injured worker presented with low back pain. He has typical signs and symptoms of lumbar radiculopathy as a result of post-laminectomy syndrome, as well as impotence and sexual dysfunction as a result of the anterior approach for the fusion. Over the course of care, he has required detoxification 2-3 times. Treatment plan includes request for authorization of a trial of spinal cord stimulation for left ilioinguinal nerve and genitofemoral nerve entrapment syndrome, injections, refill medications; Anaprox DS, Prilosec, Ultracet and Prozac, and possible urologic consultation. According to utilization review dated January 15, 2015, the request for Spinal Cord Stimulator Trial for the T12-L1 area is non-certified, citing MTUS Chronic Pain Medical Treatment 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 the T12-L1 area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-106.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rosenquist EWK, et al. Overview of the treatment of chronic pain. Topic 2785, version 40.0. Up-to-date, accessed 04/07/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. Spinal cord stimulation involves an implanted device that effects how some nerves respond to pain. The literature supports its use after an appropriate temporary screening trial in some cases of neuropathic pain that is related to a nerve or nervous system injury, failed back surgery syndrome, and type 1 chronic regional pain syndrome. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck and upper back, lower back, and left shoulder and pain with numbness in the limbs. There was no discussion suggesting any of the above conditions were occurring or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a spinal cord stimulator trial for the T12-L1 area is not medically necessary.