

Case Number:	CM15-0212929		
Date Assigned:	11/02/2015	Date of Injury:	01/08/2013
Decision Date:	12/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/28/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This is a 59-year-old female who sustained a work-related injury on 1-8-13. She reported an injury to her back when moving a heavy potted plant. Medical record documentation on 8-31-15 revealed the injured worker was being treated for a herniated disc of the lumbar spine at L4-5 and L5-S1 with chronic radiculopathy of L5 and L4, chronic pain and depression. She reported left-side back, buttock and radicular leg pain with associated thigh numbness and weakness. She rated her back pain a 4-8 on a 10-point scale and noted it can go as high as 10 on a 10-point scale. Her leg pain was rated a 4-6 on a 10-point scale. Her pain rating on 8-22-15 was 6-7 on a 10-point scale. Previous treatment included bilateral sacroiliac joint injections, medial branch blocks, caudal epidurals, lumbar epidural steroid injection and lumbar transforaminal epidural steroid injections, acupuncture and physical therapy. Her medication regimen included Norco, Flexeril, Melatonin, Valerian, Lorazepam, Zolpidem, Aleve and Arnica. Objective findings included a loss of lumbar lordosis, muscle spasm, and tenderness. She had restricted motion with extension, rotation and extension on the left side. She had minimal restriction of the left hip compared to the right hip and diminished reflexes. Her straight leg raise was equivocal on the left and negative on the right. An MRI of the lumbar spine on 4-27-15 revealed that lumbar lordosis was grossly preserved, mild disc desiccation at L1 to at L4-S1 and mild anterior hypertrophic changes at T12-S1. A request for trial spinal cord stimulator was received on 9-24-15. On 9-30-15, the Utilization Review physician determined a trial spinal cord stimulator was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Spinal Cord Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Spinal Cord Stimulator (SCS).

Decision rationale: 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 the diagnosis listed above. As such, the request for Trial Spinal Cord Stimulator is not medically necessary.