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| Case Number: | CM15-0216858 | | |
| Date Assigned: | 11/06/2015 | Date of Injury: | 09/13/2004 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 10/27/2015 |
| Priority: | Standard | Application Received: | 11/03/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 61 year old male, who sustained an industrial injury on 09-13-2004. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar disc displacement, lumbar facet disease, lumbar foraminal stenosis, lumbar foraminal stenosis, lumbar stenosis, lumbar radiculopathy, cervical degenerative disc disease, cervical disc displacement and cervicalgia. On medical records dated 09-23-2015, the subjective complaints were noted as pain in lower back that radiates to legs, down the front, side back of thighs, into feet. Also noted was aching, burning, numbness, and pins and needles, and stabbing. Pain was noted to impair the activities of daily living. The injured worker noted the pain is worse and feels incapacitated due to pain. Baseline pain was rated at 8 out of 10 and worse pain was 10 of 10. Objective findings were noted as lumbar spine decreased range of motion and bilateral paravertebral muscle tenderness to palpation and radiculopathy with decreased sensation to touch, temperature or vibration on both sides in all lumbar spine distribution but worse, bilaterally L5-S1. Treatment to date included medication. Current medications were listed as Oxycodone, Percocet, Nucynta, Flexeril, Lidoderm patches, Pepcid, and Elavil. The Utilization Review (UR) was dated 10-27-2015. A Request for Authorization was dated 09-23-2015. The UR submitted for this medical review indicated that the request for trial of lumbar dorsal column stimulator (DCS) times 1, psychologist evaluation for lumbar spine times 1 and lumbar dorsal column stimulator (DCS) times 1 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist evaluation for lumbar spine times 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

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 (Chronic), Spinal cord stimulators (SCS).

Decision rationale: The claimant has a remote history of a work injury occurring in September 2004. He underwent right hand surgery in May 2010 and June 2011 and has diagnoses including carpal tunnel syndrome. An MRI of the lumbar spine is referenced as showing multilevel degenerative disc disease with mild stenosis and bilateral foraminal impingement with multilevel facet arthropathy. When seen in September 2015 he had pain involving various parts of his body. He was having radiating low back pain and leg weakness. He was continuing to request epidural injections. He was asking about a dorsal column stimulator. He had pain rated at 8/10. Medications included Nucynta, OxyContin, and Percocet at a total MED (morphine equivalent dose) of over 600 mg per day. Physical examination findings included decreased lumbar spine range of motion with paravertebral muscle tenderness. He had decreased lower extremity sensation with positive straight leg raising. Authorization was requested for a dorsal column stimulator with psychological clearance. Indications for consideration of spinal cord stimulator implantation include failed back syndrome and CRPS. The claimant does not have any of these conditions and implantation of a stimulator is not medically necessary. In this case, opioid hyperalgesia should be considered and weaning of medications is indicated. If indicated, an intrathecal drug delivery system trial could be considered. Therefore, neither a stimulator trial nor the requested psychological evaluation is medically necessary.

Trial of lumbar dorsal column stimulator (DCS) times 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

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 (Chronic), Spinal cord stimulators (SCS).

Decision rationale: The claimant has a remote history of a work injury occurring in September 2004. He underwent right hand surgery in May 2010 and June 2011 and has diagnoses including carpal tunnel syndrome. An MRI of the lumbar spine is referenced as showing multilevel degenerative disc disease with mild stenosis and bilateral foraminal impingement with multilevel facet arthropathy. When seen in September 2015 he had pain involving various parts of his body. He was having radiating low back pain and leg weakness. He was continuing to request epidural injections. He was asking about a dorsal column stimulator. He had pain rated

at 8/10. Medications included Nucynta, OxyContin, and Percocet at a total MED (morphine equivalent dose) of over 600 mg per day. Physical examination findings included decreased lumbar spine range of motion with paravertebral muscle tenderness. He had decreased lower extremity sensation with positive straight leg raising. Authorization was requested for a dorsal column stimulator with psychological clearance. Indications for consideration of spinal cord stimulator implantation include failed back syndrome and CRPS. The claimant does not have any of these conditions and implantation of a stimulator is not medically necessary. In this case, opioid hyperalgesia should be considered and weaning of medications is indicated. If indicated, an intrathecal drug delivery system trial could be considered. Therefore, a stimulator trial is not medically necessary.

Lumbar dorsal column stimulator (DCS) times 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

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 (Chronic), Spinal cord stimulators (SCS).

Decision rationale: The claimant has a remote history of a work injury occurring in September 2004. He underwent right hand surgery in May 2010 and June 2011 and has diagnoses including carpal tunnel syndrome. An MRI of the lumbar spine is referenced as showing multilevel degenerative disc disease with mild stenosis and bilateral foraminal impingement with multilevel facet arthropathy. When seen in September 2015 he had pain involving various parts of his body. He was having radiating low back pain and leg weakness. He was continuing to request epidural injections. He was asking about a dorsal column stimulator. He had pain rated at 8/10. Medications included Nucynta, OxyContin, and Percocet at a total MED (morphine equivalent dose) of over 600 mg per day. Physical examination findings included decreased lumbar spine range of motion with paravertebral muscle tenderness. He had decreased lower extremity sensation with positive straight leg raising. Authorization was requested for a dorsal column stimulator with psychological clearance. Indications for consideration of spinal cord stimulator implantation include failed back syndrome and CRPS. The claimant does not have any of these conditions and implantation of a stimulator is not medically necessary. In this case, opioid hyperalgesia should be considered and weaning of medications is indicated. If indicated, an intrathecal drug delivery system trial could be considered. Therefore, a stimulator is not medically necessary.