

Case Number:	CM15-0223867		
Date Assigned:	11/20/2015	Date of Injury:	03/02/2006
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/13/2015

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: Emergency 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 female who sustained an industrial injury on 03-02-2006. Medical records indicated the worker was treated for her low back, right shoulder, left knee, and psyche. She is status post right shoulder arthroscopy (2012), L5-S1 fusion (2011) and hardware removal at L5-S1 in 2014. Notes on 07-07-2015 reported that her electromyogram nerve conduction study confirms the presence of L5 radiculopathy. A MRI confirms the presence of severe stenosis secondary to disc herniation at the L4-5 level. A spine surgeon consult was requested. In the physical exam of 09-15-2015, she states her low back pain has decreased somewhat with use of Norco and Lidoderm patches (since at least 08-24-2015). She is alert in no apparent distress, and ambulates with a cane. In the provider notes of 10-12-2015, the injured worker is seen for major depressive disorder, recurrent, without psychotic features. The provider states the worker continues to struggle with stress and pain, and is learning coping skills in cognitive behavioral therapy to decrease stress. Her medications include Norco, Amitza, Pantoprazole, Mirtazapine, fluoxetine, and lido patch 5%. Objective findings include a positive straight leg raise test on the left to 70 degrees, diminished sensation dorsum left foot, antalgic limp and severe reduction range of motion with paraspinous tenderness. A request for authorization was submitted for Pain management consultation for SCS (Spinal cord stimulator) trial. A utilization review decision 11-02-2015 non-authorized the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for SCS (Spinal cord stimulator) trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Spinal Cord Stimulators (SCS) and Official Disability Guidelines - Pain (Chronic), Spinal Cord Stimulators, Psychological Evaluation.

Decision rationale: The requested Pain management consultation for SCS (Spinal cord stimulator) trial is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, spinal cord stimulators (SCS), Pages 105-107 and psychological evaluations, Page 100-101; and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Spinal Cord Stimulators (SCS) and Official Disability Guidelines- Pain (Chronic), Spinal Cord Stimulators, Psychological Evaluation note that spinal cord stimulators are "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated;" and "Spinal cord stimulators (SCS) should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management;" and "Indications for stimulator implantation: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: (1) symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); (2) psychological clearance indicates realistic expectations and clearance for the procedure; (3) there is no current evidence of substance abuse issues; (4) there are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial." The treating physician has confirmed the presence of L5 radiculopathy. A MRI confirms the presence of severe stenosis secondary to disc herniation at the L4-5 level. A spine surgeon consult was requested. In the physical exam of 09-15-2015, she states her low back pain has decreased somewhat with use of Norco and Lidoderm patches (since at least 08-24-2015). She is alert in no apparent distress, and ambulates with a cane. In the provider notes of 10-12-2015, the injured worker is seen for major depressive disorder, recurrent, without psychotic features. The provider states the worker continues to struggle with stress and pain, and is learning coping skills in cognitive behavioral therapy to decrease stress. Her medications include Norco, Amitriptyline, Pantoprazole, Mirtazapine, fluoxetine, and lido patch 5%. Objective findings include a positive straight leg raise test on the left to 70 degrees, diminished sensation dorsum left foot, antalgic limp and severe reduction range of motion with paraspinal tenderness. The treating physician has not sufficiently documented the above-referenced criteria for a spinal cord stimulator trial, including failed trials of conservative treatment as the provider noted improved pain control with medications. The criteria noted above not having been met, Pain management consultation for SCS (Spinal cord stimulator) trial is not medically necessary.