

Case Number:	CM15-0224021		
Date Assigned:	11/20/2015	Date of Injury:	03/31/2012
Decision Date:	12/30/2015	UR Denial Date:	10/13/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 3-31-12. The injured worker is diagnosed with gait abnormality, post lumbar laminectomy syndrome, myalgia and myositis (unspecified), chronic pain due to trauma, chronic pain syndrome and lumbosacral spondylosis without myelopathy. His work status is temporary total disability. A note dated 9- 1-15 reveals the injured worker presented with complaints of moderate to severe low back, buttock and bilateral hip pain. The pain radiates to his left thigh and is described as burning, deep, dull, numbness, piercing, sharp, shooting, stabbing and throbbing and is rated at 7-8 out of 10. The pain is increased with any activity and interferes with daily activities and relieved by medications and rest. A physical examination dated 6-26-15 and 9-1-15 revealed an altered gait. The lumbar spine is tender and range of motion is moderate with pain noted. Treatment to date has included acupuncture, which did not provide pain relief, per note dated 9-1-15. His medication regimen includes; Duragesic patch, Lyrica and Lidoderm patches and reduces his pain from 9 to 4 out of 10, per note dated 5-21-15. He has engaged in activity modification, anti- inflammatory medications, physical therapy, TENS unit, lumbar surgery (x2) and epidural steroid injections without relief, per note dated 3-9-15. Diagnostic studies include lumbar spine x-rays, CT scan and MRI and a urine toxicology screen is consistent with prescribed medications per note dated 5-21-15. A request for authorization dated 9-2-15 for spinal cord stimulation lead replacement trial lumbar spine is non-certified, per Utilization Review letter dated 10-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulation Lead Replacement Trial Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the guidelines, spinal cord stimulators are indicated for: Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.) Post amputation pain (phantom limb pain), 68% success rate Post herpetic neuralgia, 90% success rate Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury) Pain associated with multiple sclerosis. Peripheral vascular disease. In this case, the claimant had intractable back pain and had failed multiple interventions. Surgery was not an option. The claimant had depression and psychotherapy and psychiatry evaluations were implemented as well. The request for a trial of a spinal cord stimulator is medically necessary and appropriate.