

Case Number:	CM15-0034233		
Date Assigned:	02/27/2015	Date of Injury:	10/03/1978
Decision Date:	04/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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, Hawaii

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:

The injured worker is a 66 year old male, who sustained an industrial injury on 10/3/1978. He has reported an equipment malfunction resulting in a low back injury requiring surgical intervention due to disc herniation. The diagnoses have included failed back surgery syndrome, lumbar radiculopathy, low back pain, myofascial pain syndrome and sacroiliitis. He is status post lumbar surgery 1983, L4-5 and L5-S1 laminectomy 2002, and L4-S1 foraminotomy and decompressive laminotomy 2010. Treatment to date has included medication therapy, physical therapy, epidural injections, trigger point injections and Transcutaneous Electrical Nerve Stimulation (TENS) unit. Currently, the Individual Worker (IW) complains of constant severe low back pain that radiated down left leg. The physical examination from 1/14/15 documented tenderness along L5-S1, right sacroiliac joint, left buttock atrophy with bilateral lumbar paraspinous stiffness. A Magnetic Resonance Imaging (MRI) of lumbar spine completed May 2014 was documented to report multilevel disc disease including disc bulging, spinal stenosis and foraminal stenosis. The plan of care was for continuation of oral medication therapy, and request for spinal cord stimulator trial/intrathecal pump trial. On 2/11/2015 Utilization Review non-certified a Spinal Cord Stimulator Trial, noting the documentation did not support that guidelines had been met. The MTUS and CMS Guidelines were cited. On 2/23/2015, the injured worker submitted an application for IMR for review of Spinal Cord Stimulator Trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Spinal Cord Stimulator (SCS) and Other Medical Treatment Guidelines UpToDate, Intractable Low Back Pain.

Decision rationale: In supplemental report dated 11/18/2013, the treating physician writes "I believe the patient would benefit from pain management consultation in consideration of a trial of spinal cord stimulator." 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 indicate a trial & failure of conservative treatment and a trial & failure of surgical treatment. Additionally, the treating physician documented the patient's pain level and functional level in the most recent progress notes, which is important to assess the level of pain typically experienced by the patient to determine if the pain is "intractable", per Up-to-date guidelines. As such, the request for Spinal cord stimulator trial is medically necessary.