

Case Number:	CM15-0040994		
Date Assigned:	03/11/2015	Date of Injury:	12/28/2006
Decision Date:	04/15/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 59-year-old male who sustained a work related injury on December 28, 2006, after a crush injury that broke his pelvis in four places. He was diagnosed with a lumbar crush injury, and neuropathy of the lower extremities. Treatment included icing, Transcutaneous Electrical Nerve Stimulation (TENS), epidural steroid injections, medications, and physical therapy. Currently, the injured worker complained of chronic, severe low back pain with peripheral neuropathy. He was diagnosed with pelvic pain, lumbago thoracic/lumbosacral radiculitis and degenerative disc disease. Treatment included physical therapy, epidural steroid injections and home exercise program. Authorization was requested for a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Upheld

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

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 section, Spinal cord stimulator.

Decision rationale: Pursuant to the Official Disability Guidelines, spinal cord stimulator trial is not medically necessary. The indications for stimulator implantation, are complex regional pain syndrome (CRPS) or failed back surgery syndrome, when all of the following are present: there has been a limited response to non-interventional care; psychological clearance indicates realistic expectations and clearance for the procedure; no current evidence of substance abuse issues; no contraindication to a trial; permanent placement requires evidence of 50% pain relief with medication reduction or functional improvement after temporary trial. In this case, the injured worker's working diagnoses are pain joint pelvic region and thigh; lumbago; thoracic / lumbosacral neuritis / radiculitis; intervertebral disc D/O with myelopathy unspecified region; and degenerative lumbar/lumbosacral intervertebral disc. The documentation indicates the treating physician is requesting additional physical therapy and the injured worker is engaged in a home exercise program. A spinal cord stimulator trial is indicated in patients that meet specific criteria. These criteria include failed back surgery syndrome and complex regional pain syndrome. The medical records do not indicate the injured worker underwent prior lumbar spine surgery. Additionally, there is no documentation indicating the injured worker has a diagnosis of CRPS. Consequently, absent clinical documentation with specific criteria for a spinal cord stimulator trial including failed back surgery syndrome and complex regional pain syndrome, spinal cord stimulator trial is not medically necessary.