

Case Number:	CM15-0043468		
Date Assigned:	03/13/2015	Date of Injury:	02/03/2002
Decision Date:	04/23/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 62-year-old male, with a reported date of injury of 02/03/2002. The diagnoses include lumbosacral spondylosis, spinal stenosis, sacrum disorders, and low back pain. Treatments to date have included oral medication and a cane. The interval report dated 01/23/2015 indicates that the injured worker complained of low back pain. He had completed the psychological evaluation for the spinal cord stimulator. He felt pain and his function had worsened severely without medications being approved. The injured worker's pain was constant, and was described as sharp and aching. The objective findings include tenderness to palpation of the lumbar paraspinous area, decreased range of motion, tenderness to palpation of the lumbar facet joints at L3-L5, an antalgic gait, and tenderness to palpation of the bilateral greater trochanter. The treating physician requested spinal cord stimulation trial with fluoroscopy and moderate sedation. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulation trial with fluoroscopy and sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulation Page(s): 101, 105-107.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page 105-107. Decision based on Non-MTUS Citation ACOEM 3rd Edition (2011) <http://www.guideline.gov/content.aspx?id=38438>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses spinal cord stimulators. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators (SCS) are recommended only for selected patients for specific conditions indicated below. Indications for stimulator implantation are failed back syndrome (persistent pain in patients who have undergone at least one previous back operation) more helpful for lower extremity than low back pain, complex regional pain syndrome (CRPS) / reflex sympathetic dystrophy (RSD), post amputation pain (phantom limb pain), post herpetic neuralgia, spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury), pain associated with multiple sclerosis, and peripheral vascular disease. American College of Occupational and Environmental Medicine (ACOEM) 2nd edition (2004) Chapter 12 Low Back Complaints (Page 307) states that implantable spinal cord stimulators are rarely used and should be reserved for patients with low back pain for more than six months duration who have not responded to the standard non-operative or operative interventions. ACOEM 3rd edition (2011) states that spinal cord stimulators are not recommended for low back disorders. The interval pain medicine report dated 01-23-2015 documented the low back complaints. No previous back operations were documented. The patient does not have the diagnosis of failed back syndrome, complex regional pain syndrome (CRPS), reflex sympathetic dystrophy (RSD), post amputation pain (phantom limb pain), post herpetic neuralgia, spinal cord injury, multiple sclerosis, or peripheral vascular disease. The patient does not have a MTUS indication for a spinal cord stimulator. ACOEM guidelines indicate that spinal cord stimulators are not recommended for low back disorders. Therefore, a spinal cord stimulator is not supported by MTUS and ACOEM guidelines. Therefore, the request for spinal cord stimulator trial is not medically necessary.