MAXIMUS Federal Services

Case Number:	CM15-0048469		
Date Assigned:	03/20/2015	Date of Injury:	01/15/2010
Decision Date:	05/06/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/13/2015

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: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 52-year-old female sustained an industrial injury to the low back on 1/15/10, relative to lifting a box. Past medical history was significant for chronic renal disease/pending renal failure, coronary artery disease, hypertension, medication-induced gastritis, and hypothyroidism. Past surgical history was positive for L3-S1 decompression and fusion on 1/10/12, and subsequent removal of posterior fusion hardware and repair of pseudoarthrosis on 2/17/14. She was cleared to begin post-op physical therapy on 11/14/14. The 11/19/14 bilateral lower extremity electrodiagnostic study evidenced chronic right L3 and left L5 radiculopathy. The 2/6/15 treating physician report cited persistent low back pain radiating down to her right lower extremity. She was doing self-directed physiotherapy. Current medications included Norco, Flexeril, Prilosec, Lyrica, Ultracet, Doral, LidoPro cream, and Zofran. She had significant renal disease precluding the use of non-steroidal anti-inflammatory drugs. Urine drug screen was positive for opiates, benzodiazepines, tricyclic anti-depressants, and medicinal marijuana. Physical exam documented bilateral lumbar tenderness and muscle rigidity, numerous paraspinal trigger point, decreased range of motion with obvious muscle guarding, absent bilateral Achilles reflexes, and decreased bilateral ankle and great toe extension strength. There was decreased sensation along the lateral thigh and calf, and dorsum of the right foot. Straight leg raise was positive bilaterally. The diagnosis included lumbar post laminectomy syndrome. The treating physician indicated that the injured worker had tried extensive conservative treatment, including numerous pharmacologic agents. The goal was to keep her medication as low as possible but they had been unable to decrease any further. A spinal cord stimulator trial

was recommended and psychological clearance was noted. The 2/19/15 utilization review non-certified the request for spinal cord stimulator implant as the specific response to the spinal cord stimulator trial was not documented. The 3/9/15 treating physician report indicated that the injured worker was scheduled for a spinal cord stimulator trial on 3/26/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator implant: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have not been met for permanent spinal cord stimulator implant at this time. The injured worker had been diagnosed with lumbar post-laminectomy syndrome. Significant medication use was documented, along with significant medical co-morbidities that would support the medical necessity of reduced medication levels. However, the spinal cord stimulator trial has not been completed to allow for assessment of benefit and medical necessity of permanent implant. Therefore, this request is not medically necessary at this time.