

Case Number:	CM15-0059439		
Date Assigned:	04/06/2015	Date of Injury:	04/25/2008
Decision Date:	05/12/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/30/2015

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:

The injured worker is a 64-year-old male who sustained an industrial injury on 4/25/08. Past surgical history is positive for right ankle arthroscopy with Brostrom procedure, right medial meniscectomy, and right sided L4/5 decompression with microdiscectomy and foraminotomy on 7/30/14. The 9/19/14 lumbar spine MRI impression documented multilevel lumbar facet arthropathy, moderate central canal stenosis at L3/4 with crowding of the cauda equina and CSF effacement. There was multilevel neuroforaminal stenosis in the lumbar spine, most severe at L4/5 with likely right L4 nerve root involvement. The 11/24/14 lumbar MRI impression documented evidence of a right L4/5 laminectomy. There was an L4/5 right posterolateral annular disc bulge causing mild effacement of the right thecal sac and narrowing of the right subarticular gutter, mild retrolisthesis, type 2 right endplate change, and moderate right foraminal stenosis. The 12/9/14 psychology progress report indicated that the injured worker had completed 6 treatment sessions with findings of depressed mood, negative expectations, and lability. The 12/4/14 orthopedic report cited continued right lower extremity pain with 4/5 quadriceps and anterior tibialis weakness. MRI showed foraminal stenosis affecting the exiting right L4 nerve. The posterior attempt at decompression was not sufficient and removing the entire pars interarticularis but be required necessitating a fusion. Weight loss was recommended prior to proceeding with a posterior L4/5 fusion. The 3/20/15 treating physician report cited severe flare of axial low back pain radiating in the mid back as well as shooting down the legs, right more than left with tingling, numbness and paresthesia. He used crutches for community ambulation. Physical exam documented restricted range of motion, paravertebral muscle spasms

and tenderness, positive bilateral straight leg raise, 4+/5 right extensor hallucis longus and plantar flexion weakness, and positive hyperextension maneuver. The diagnosis was grade 1 retrolisthesis L3 on L4 and L4 on L5, right L4/5 foraminal narrowing with nerve root impingement, and lumbar facet arthrosis L4/5 and L5/S1, failed back surgery syndrome, depression and chronic myofascial pain syndrome. The treating physician report reported that the injured worker had been treatment with multiple medications, physical therapies, epidural steroid injections, medial branch blocks, and radiofrequency ablation with transient pain relief. He was psychologically stable. Authorization was requested for spinal cord stimulator trial. The 3/26/15 utilization review non-certified the request for spinal cord stimulator trial as there was no evidence of psychological clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

One-time spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) "Psychological evaluations".

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. This injured worker has chronic radicular low back pain with current imaging evidence of nerve root impingement. He had undergone a right L4/5 decompression surgery in July 2014 with evidence of recurrent disc herniation. Additional decompression and fusion has been recommended but is pending weight loss. Psychological records documented significant depression with no evidence of psychological clearance. Therefore, this request is not medically necessary.