

Case Number:	CM15-0080131		
Date Assigned:	05/01/2015	Date of Injury:	04/30/2007
Decision Date:	06/01/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/27/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male who sustained an industrial injury on 4/30/07. He has reported initial complaints of pain in the low back after lifting an 80 pound vise. The diagnoses have included lumbar spinal stenosis and displacement of thoracic or lumbar intervertebral disc without myelopathy. Treatment to date has included medications, surgery, epidural steroid injection (ESI) and physical therapy. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) and electromyography (EMG)/nerve conduction velocity studies (NCV). Currently, as per the physician progress note dated 1/29/15, the injured worker complains of constant pain that is unchanged in the low back that radiates to the legs. The pain was rated 6/20 on pain scale with medications and 8/10 without medications and unchanged since last visit. He states that medications help allow him to perform his daily activities of daily living (ADL). Treatment plan was referral to chronic pain management, urine drug screen and trial of spinal cord stimulator. The physician requested treatment included 1 Psychological clearance for spinal cord stimulator trial for the lumbar spine as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Psychological clearance for spinal cord stimulator trial for the lumbar spine as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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Decision rationale: Regarding spinal cord stimulators, the MTUS notes they are 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. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. In this case, the patient had chronic low back pain with radiation. There have been medicines, surgery, epidural steroid injection, and physical therapy. The pain is 6 out of 10 with medicine. The guidelines note that more trials are needed before using SCS as an effective treatment. As an SCS trial is not certifiable, a psychological clearance for such a procedure is unnecessary. The case was appropriately not medically necessary.