

Case Number:	CM15-0082048		
Date Assigned:	05/04/2015	Date of Injury:	09/16/2011
Decision Date:	06/02/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/29/2015

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: Physical Medicine & Rehabilitation

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 54 year old male, who sustained an industrial injury on 9/16/11. He reported low back injury. The injured worker was diagnosed as having lumbar spondylosis, facet joint syndrome of lumbar spine and degeneration of lumbar intervertebral disc, lumbago, lumbar radiculitis/radiculopathy, coccydynia, inflammation of sacroiliac joint and bursitis. Treatment to date has included SI joint ablation, oral medications including opioids, lumbar epidural steroidal injections, topical medications, physical therapy and acupuncture. Currently, the injured worker complains of low back pain with radiation to right buttock. Physical exam noted lumbar pain with range of motion and tenderness to palpation over the bilateral SI joint, sacrum, coccyx and ischial bursae and piriformis muscles. The treatment plan included 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 Spinal Cord Stimulators Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators (SCS), pages 38.

Decision rationale: MTUS guidelines states that spinal cord stimulators are only recommended for selected patients as there is limited evidence of its functional benefit or efficacy for those failed back surgery syndrome and complex regional pain syndrome. It may be an option when less invasive procedures are contraindicated or has failed. Criteria include psychological evaluations screening along with documented successful trial prior to permanent placement for those patients with specific diagnoses of failed back syndrome; complex regional pain syndrome; post-amputation pain; post-herpetic neuralgia; spinal cord dysesthesia/injury; multiple sclerosis or peripheral vascular diseases. Submitted reports have not demonstrated support to meet these criteria as no medical clearance from a psychologist has been noted and no failed conservative treatment or ADL limitations are documented to support for SCS. The Spinal Cord Stimulator Trial is not medically necessary and appropriate.