

Case Number:	CM15-0084302		
Date Assigned:	05/06/2015	Date of Injury:	07/16/1992
Decision Date:	06/05/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/01/2015

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 61-year-old male who sustained an industrial injury on 7/16/92. The mechanism of injury was not documented. Past surgical history was positive for L3/4 posterior lumbar interbody fusion with instrumentation on 1/9/97, and L1/2 and L2/3 lateral lumbar interbody fusion with posterior instrumented fusion on 1/29/13 and 1/31/13. The prior use of a dorsum column stimulator is documented in the file. The 1/19/15 lumbar spine x-rays showed the implants in good position without evidence of loosening or subsidence, alignment maintained, flatback syndrome, T12/L1 adjacent level degenerative disc disease, and fusion through L1/2 and L2/3. The 4/7/15 treating physician report cited occasional sharp pain in his toes that has markedly decreased his overall functioning and quality of life. Other metabolic causes of the bilateral foot nerve pain have been ruled-out. Gabapentin and Lyrica had been trialed but not optimally titrated due to side effects. Physical exam documented forward leaning posture, and ability to rise from his chair with relative ease. Neurologic exam documented 5/5 lower extremity strength, and hypersensitivity along the bilateral plantar surface of the feet. The treatment plan recommended continued exercise/fitness program, continued pain management, and discussion of dorsal column stimulator options. A 4/8/15 request was noted for a spinal cord stimulator trial. The 4/14/15 utilization review non-certified this request for a spinal cord stimulator as there was no indication whether this was requested as a trial or permanent implantation, and there was no documentation of a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-106.

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 presents with bilateral plantar foot nerve pain following surgery. Detailed evidence of a recent, reasonable and/or comprehensive treatment protocol trial and failure has not been submitted. There is no evidence of a psychological clearance. Therefore, this request is not medically necessary at this time.