

Case Number:	CM15-0085048		
Date Assigned:	05/07/2015	Date of Injury:	08/14/2004
Decision Date:	06/08/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/04/2015

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 40-year-old male who sustained an industrial injury on 8/14/04, relative to lifting. Past surgical history was positive for L4/5 and L5/S1 lumbar fusion. Records documented a progressive increase in low back pain and lower extremity paresthesias beginning in August 2013. The 7/1/14 lumbar spine MRI impression documented status post posterior instrumented fusion and decompressive laminectomy L4-S1 without recurrent spinal stenosis or perineural fibrosis. There was facet arthrosis with mild foraminal stenosis at L3/4. There was no foraminal stenosis at other levels, and no central canal stenosis. There was grade 1 anterolisthesis of L5 over S1, and calcified L4/5 and L5/S1 discs. The 12/17/14 treating physician report cited continued chronic low back pain with some left lower extremity radicular symptoms. Physical exam documented lumbar paraspinal muscle tenderness, severe loss of thoracolumbar active range of motion, and positive left straight leg raise. He had difficulty performing heel and toe walk due to subjective pain and weakness. Motor exam revealed some bilateral ankle dorsiflexion weakness. Vicoprofen and gabapentin were refilled. Pain management consult was pending for additional treatment recommendations. The 1/20/15 pain management report cited a history of L4 through S1 fusion with adjacent segment syndrome at L3/4 and degenerative disc disease. The injured worker had undergone recent left L3/4 epidural steroid injections with improvement that last for only a few weeks. Physical exam was reported with no significant changes. He was not a surgical candidate and was at the point where a spinal cord stimulator trial was appropriate. Authorization was requested for spinal cord stimulator trial using the new Medtronic MRI compatible leads. The 3/18/15 treating physician report cited on-going back and left leg radicular pain. A spinal cord stimulator was requested to help manage his pain. Physical exam documented lumbar paraspinal muscle tenderness and spasms, severe loss of thoracolumbar active range of motion,

and positive left straight leg raise. He had a left-sided antalgic gait and difficulty performing heel and toe walk. Motor exam revealed some bilateral ankle dorsiflexion weakness. The injured worker had trigger point injections with no documentation of response. The 3/31/15 utilization review non-certified the request for a spinal cord stimulator trial based on no documentation of previous back surgery, no current pain assessment, no psychological clearance, and no detailed documentation of medication trials and failure.

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 ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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 chronic low back and left lower extremity radicular pain. He is status post L4-S1 fusion. Recent epidural steroid injections at L3/4 provided improvement that lasted for a few weeks. Otherwise, there is no detailed discussion of recent conservative treatment trials and failures. There is no evidence of a psychological evaluation for clearance. Therefore, this request is not medically necessary.