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| Case Number: | CM15-0085532 | | |
| Date Assigned: | 05/08/2015 | Date of Injury: | 03/21/2002 |
| Decision Date: | 06/23/2015 | UR Denial Date: | 04/23/2015 |
| Priority: | Standard | Application Received: | 05/05/2015 |

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 60 year old male who sustained an industrial injury on 03/21/2002. The injured worker was diagnosed with post lumbar laminectomy syndrome and bilateral lower extremity radiculopathy. The injured worker is status post lumbar fusion L3-4 through L5-S1 in 2004, hardware removal with exploration of fusion in 2005 and spinal cord stimulator (SCS) trial on November 9, 2006 and subsequent removal. Treatment to date includes diagnostic testing, surgery, physical therapy, spinal cord stimulator (SCS) trial, epidural steroid injection, trigger point injection and medications. According to the primary treating physician's progress report on April 6, 2015, the injured worker continues to experience low back pain with radiation to the bilateral lower extremities. The injured worker rates his pain level at 5/10 on the current medical regimen. According to provider's report, there are discrepancies in the effectiveness of the spinal cord stimulator (SCS) trial in 2006 and whether the injured worker is again ready to proceed with a re-trial of the implant. Examination of the lumbar spine demonstrated tenderness to palpation, decreased range of motion and increased muscle rigidity bilaterally and numerous trigger points palpable and tender throughout the paraspinal muscles. There was decreased patellar and Achilles reflexes on the right. Lower extremity motor strength was decreased bilaterally and sensory was decreased along the posterolateral thigh and calf on the left at the L5-S1 distribution. Straight leg raise in a modified sitting position was positive at 60 degrees on the left causing radicular symptoms to both lower extremities. The injured worker received 4 trigger point injections with greater than 50% pain relief and increased range of motion within minutes after administration at the office visit. Current medications are listed as Norco 10/325 (5-6 tablets per day), Ultram ER, Anaprox, Topamax, Doral, Halcion, Voltaren gel, Prilosec, Cialis and AndroGel. Treatment plan consists of lumbar spinal cord stimulator (SCS) and a urine drug screening (DOS: 04/06/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 105-107.

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

Decision rationale: MTUS guidelines state that spinal cord stimulators are only recommended for selected patients as there are limited evidence of functional benefit and efficacy for those with failed back surgery syndromes. It may be an option when less invasive procedures are contraindicated or has failed and prior psychological evaluations along with documented successful trial are necessary prior to permanent placement for those patients with diagnoses of failed back syndrome; post-amputation pain; post-herpetic neuralgia; spinal cord dysesthesia/injury; confirmed CRPS; multiple sclerosis or peripheral vascular diseases. Submitted reports have not demonstrated support to meet these criteria and have not adequately demonstrated any failed conservative treatment, ADL limitations, clear specific clinical findings, and psychological evaluation / clearance to support for SCS, especially when previous attempt at SCS trial in 2006 failed with subsequent removal from lack of pain relief and functional benefit. The Lumbar spinal cord stimulator is not medically necessary and appropriate.

Urinary drug screen performed 4/6/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urinary drug screen performed 4/6/15 is not medically necessary and appropriate.