

Case Number:	CM15-0089233		
Date Assigned:	05/13/2015	Date of Injury:	04/06/2000
Decision Date:	06/15/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59-year-old male, who sustained an industrial injury on 4/6/2000. He reported pain in his right groin from lifting. Diagnoses have included status post bilateral inguinal hernia repair with mesh with continued bilateral groin pain, right greater than left; status post right hernia repair revision, neurolysis and orchiectomy with continued right groin and testicle pain; status post several neurectomies with exploration and removal of mesh and reactionary depression/anxiety. Treatment to date has included surgical intervention to the right groin, nerve blocks and medication. According to the progress report dated 3/27/2015, the injured worker complained of ongoing and debilitating pain in his right groin area. It was noted that the injured worker received clearance to undergo a spinal cord stimulator trial from a clinical psychologist on 2/16/2015. Current medications included Dilaudid, Testosterone, Anaprox, Prilosec, Prozac, Neurontin, Lidoderm patches and Colace. The injured worker had a mildly antalgic gait favoring the right lower extremity. Exam of the right groin revealed mild mottling or vasomotor changes. There was hypersensitivity and tenderness to light touch. Authorization was requested for trial of spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Spinal Cord Stimulation, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation (SCS) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) and Spinal cord stimulators (SCS) Page(s): 101 and 105-107.

Decision rationale: Trial of Spinal Cord Stimulation, quantity 1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a psychological evaluation is recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS). The MTUS states that the trial indications for stimulator implantation including failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), post amputation pain (phantom limb pain), post herpetic neuralgia, 90% success rate; spinal cord injury dysaesthesias (pain in lower extremities associated with spinal cord injury); pain associated with multiple sclerosis; peripheral vascular disease. The data is also very strong for angina. The MTUS states that spinal cord stimulators (SCS) are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated as noted above, and following a successful temporary trial. The documentation indicates that the patient suffers from groin pain/post heriorrhaphy syndrome and that he has passed a psychological evaluation prior to a spinal cord stimulator trial. Although this condition is causing him neuropathic pain, the patient does not meet the criteria per the MTUS for a spinal cord stimulator and therefore this request is not medically necessary.