

Case Number:	CM14-0118767		
Date Assigned:	08/06/2014	Date of Injury:	06/30/2012
Decision Date:	10/08/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42-year-old female who reported an injury on 06/30/2012. The mechanism of injury was not provided. On 01/20/2014, the injured worker presented with pain in the lumbar spine. The diagnoses were disc disorder with radiculopathy and lumbar spine pain. The injured worker had axial and inguinal pain, including the anterior thigh, and has disc protrusion at T12-L1 possibly affecting the L1 nerve. There was a prior epidural steroid injection that provided modest pain relief and significant improvement in function and ability to walk. The provider recommended prospective request for a spinal cord stimulator trial. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for Spinal Cord Stimulator Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Prior to a Spinal Cord Stimulator Trial P. Decision based on Non-MTUS Citation Official Disability Guidelines: Supports Spinal Cord Stimulation for Failed Back Syndrome Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Spinal Cord Stimulator Page(s): 105-106.

Decision rationale: The request for a Prospective Request for Spinal Cord Stimulator Trial is not medically necessary. The California MTUS Guidelines state that implantable spinal cord stimulators are rarely used and should be reserved for injured workers with low back pain for more than 6 months duration who have not responded to the standard non-operative or operative interventions. Indications for the use of stimulator implantation are failed back syndrome, complex regional pain syndrome, post-amputation pain, postherpetic neuralgia, spinal cord injury dysesthesias and pain associated with multiple sclerosis as well as peripheral vascular disease. The guidelines recommend spinal cord stimulators for injured workers who have undergone at least 1 previous back operation and who are not a candidate for repeat surgery with symptoms of primarily lower extremity radicular pain, a psychological clearance, no current evidence of substance abuse issues and no contraindications to a trial; permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after the temporary trial period. The documentation has lack evidence of failed conservative treatment. The included medical documents lack evidence of a psychological clearance, indicating realistic expectations and clearance for the procedure, and there is no current evidence of addressing substance abuse issues. As such, the request is deemed not medically necessary.