

Case Number:	CM14-0121268		
Date Assigned:	09/16/2014	Date of Injury:	02/12/2008
Decision Date:	10/21/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/31/2014

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 & 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 27 years old male injured on February 12, 2008 due fall. The injured worker was descending a ladder and holding to a pressure hose when the water pressure caused him to fall backwards. The injured worker was diagnosed with low back strain with herniated disc. MRI of the lumbar spine dated 11/30/10 revealed laminotomy defect at the L5-S1 level, along with hypertrophy of the facet joint at that level. As per medical record dated 06/09/14 the patient complains of moderate left leg pain. Pain was described as aching, pins and needles, throbbing and deep knife like, sharp, numb, stabbing and radiating Examination reported minimal antalgic gait, tenderness and hypertonicity from L4-S5 on the left, tenderness at left sciatic notch. Lumbar range of motion is 20 degrees on flexion, 0 degrees on extension and 5 degrees on lateral flexion and rotation on both sides. All maneuvers accompany pain. Diagnoses are displacement lumbar disc without myelopathy and lumbosacral radiculities. At this time the request is for 1 trial of spinal cord stimulator between 7/22/14 and 9/5/14. The prior utilization review dated 07/24/14 denied the requested 1 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:

1 Trial of Spinal cord Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Spinal Cord Stimulators.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SCS
Page(s): 105.

Decision rationale: Per the guidelines, SCS is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. Indications for stimulator implantation include, failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain, complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), post amputation pain (phantom limb pain), post herpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, and peripheral vascular disease. There is no documentation of any of the above conditions. There is no documentation of trial and failure of conservative treatments. Therefore, the request is not medically necessary in accordance to guidelines.