

Case Number:	CM14-0121591		
Date Assigned:	09/18/2014	Date of Injury:	04/02/1988
Decision Date:	10/17/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/01/2014

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 Occupational 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:

Injured worker is a male with date of injury 4/2/1988. Per primary treating physician's progress report dated 6/16/2014, the injured worker had L5-S1 left hemilaminectomy in 1970s and injured his back on 4/3/1988 with L3-4 decompressive hemilaminectomy and L4- left hemilaminectomy with foraminotomy and nerve root decompression and redo lysis of adhesions on 1/9/2001. He had spinal cord stimulator implantation on 2/17/2010, revision and implantation of new batter on 6/22/2011, replace a failed battery on 11/8/2011 and removed stimulator on 5/31/2012 for stimulator malfunction and exposed stimulator lead. On 7/8/2013 he wanted to have SCS implanted and stated it was the only treatment that helped him. His cardiologist cleared him for SCS implantation. He reports he had psychological clearance on 6/12/2014. On examination he ambulated with a cane and antalgic gait without footdrop. There was tenderness at lower lumbar paraspinal muscle without muscle spasm. Diagnoses include 1) status post fall at work on 4/3/1988 2) status post L5-S1 left hemilaminectomy in 1970s, L3-4 decompressive hemilaminectom, L4-5 left hemilaminectomy with foraminotomy, nerve root decompression and redo lysis of adhesions on 1/9/2001 with failed back surgery syndrome 3) status post SCS implantation on 2/17/2010, SCS revision and new battery implantation on 6/22/2011, SCS new battery implantation on 11/8/2011, and removal of SCS on 5/31/2012 4) lower lumbar spine degenerative disc disease and facet arthropathy 5) chronic low back pain with bilateral radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCS Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) section Page(s): 105-107.

Decision rationale: The MTUS Guidelines recommend the use of spinal cord stimulator only after careful counseling and should be used in conjunction with comprehensive multidisciplinary medical management. It is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. The indications for stimulator implantation include 1) failed back syndrome 2) complex regional pain syndrome or reflex sympathetic dystrophy 3) post amputation pain 4) post herpetic neuralgia 5) spinal cord injury dysesthesias 6) pain associated with multiple sclerosis 7) peripheral vascular disease. If a psychological evaluation has been done for this treatment, it is not provided for review. The injured worker had SCS previously and is requesting another SCS placement, but there is no objective information on the efficacy of the previous placement provided for review. Medical necessity of this request has not been established. The request for SCS Trial is not be medically necessary.