

Case Number:	CM14-0128484		
Date Assigned:	09/05/2014	Date of Injury:	06/29/2012
Decision Date:	10/14/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/12/2014

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 Family 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:

This is a 33-year-old male with a 6/29/12 date of injury, when he sustained low back injury due to lifting. The patient was seen on 6/20/14 with complaints of 5-6/10 burning, aching, numbing pain that was aggravated by bending over, walking and lying down and alleviated with pain medications. The patient stated that medications improved his pain 60% with burning in his stomach. Exam findings of the lumbar spine revealed tenderness over lumbar paraspinal muscles, normal paraspinal muscle tone with no spasms. The lumbar active range of motion was mildly restricted with rotation and passive range of motion was restricted due to pain. The patellar reflex was 2/4 bilaterally and the Achilles reflex was 1/4 bilaterally. The sensation was normal to light touch in the left lower extremity except lateral thigh. The patient was seen by a surgeon and the surgery was not recommended. The psychological consultation for spinal cord stimulator trial was performed on 7/15/14. The diagnosis is lumbar radiculopathy, sciatica, and herniated nucleus pulposus without myelopathy of the lumbar spine. Treatments to date include lumbar epidural steroid injection (LESI), work restrictions and medications. An adverse determination was received on 7/23/14 given that the patient received notable benefit from other methods of therapy and the trial of spinal cord stimulator was not indicated at the time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 spinal cord stimulator trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 101, 105-107). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Spinal Cord Stimulator

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines & Official Disability Guidelines (ODG) criteria for SCS trial placement include: at least one previous back operation and patient is not a candidate for repeat surgery, symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse issues; and that there are no contraindications to a trial. In addition, neurostimulation is generally considered to be ineffective in nociceptive pain. The progress note dated 6/20/14, indicated the patient was seen by a surgeon and the surgery was not recommended. There is a lack of documentation indicating that the patient tried and failed conservative treatments, such as physical therapy or neuroleptic agents. In addition, the patient stated that pain medications gave him 60% relief in his pain. There is no clear rationale with regards to the necessity for a trial of spinal cord stimulator and it is not clear why the surgery was not recommended for the patient. Therefore, the request for spinal cord stimulator trial is not medically necessary.