

Case Number:	CM14-0140568		
Date Assigned:	09/10/2014	Date of Injury:	05/12/2010
Decision Date:	10/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/29/2014

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 46-year-old female who reported an injury on 05/12/2010. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of left inguinal and genitofemoral neuralgia. Past medical treatment consists of psychotherapy, nerve blocks, physical therapy, and medication therapy. Medications include clonazepam, Cymbalta, Dilaudid, Lyrica, oxycodone, Soma, tizanidine, trazodone, Wellbutrin, Norco, and Lunesta. On 07/28/2014, the injured worker complained of left side groin pain. Physical examination revealed that there was tenderness to the left peroneal/inguinal area. Straight leg raise was negative. Range of motion was within normal limits. Motor strength was equal bilaterally within normal limits. Deep tendon reflexes were bilaterally equal within normal limits. Sensory examination was normal. The treatment plan was for the injured worker to undergo a stim trial. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stim trial single lead, Stem trial dual lead, programming, Fluoro, and IV sedation: 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 Page(s): 105-106.

Decision rationale: The California MTUS Guidelines state that implantable spinal cord stimulators are rarely used and should be reserved for patients with low back pain, for more than 6 months duration who have not responded to 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 patients 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, and a psychological clearance, no current evidence of substance abuse issues, and no contraindications to a trial: permanent placement requires evidence of 50% of relief and medication reduction or functional improvement after the temporary trial period. The submitted documentation did not indicate that the injured worker had failed back surgery. There was also no indication of the injured worker having tried and failed conservative treatment. Additionally, the physical examination dated 07/28/2014 did not indicate any deficits. All testing was within normal limits. Furthermore, there was no indication in the submitted report that the injured worker had a diagnosis of complex regional pain syndrome, had post amputation pain, postherpetic neuralgia, or pain associated with multiple sclerosis. There was also no indication that the injured worker had symptoms of lower extremity radicular pain. Furthermore, the provider did not provide a rationale as to how the injured worker would benefit from a stim trial. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Stim trial single lead, Stem trial dual lead, programming, Fluoro, and IV sedation is not medically necessary.