

Case Number:	CM14-0147803		
Date Assigned:	09/15/2014	Date of Injury:	01/07/2012
Decision Date:	10/15/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/11/2014

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 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 38-year-old female, who reported an injury on 01/07/2012 due to an unknown mechanism. Diagnosis was displacement of lumbar intervertebral disc without myelopathy. Past treatments were chiropractic therapy and 2 lumbar epidural steroid injections with not much improvement reported. Diagnostic studies were MRI of the lumbar spine. That revealed at the L5-S1 mild circumferential disc bulge, a small annular tear in the right subarticular zone. At the L4-5, there was a disc bulge and mild bilateral facet arthropathy. Physical examination on 09/02/2014 revealed recommendation of a trial of spinal cord stimulator. The injured worker recently had a psychological evaluation. Medications were Anaprox, Methoderm topical analgesic lotion, and docusate. Examination of the lumbar spine revealed range of motion: Forward flexion was full; extension was to 15 degrees; side bending was to 20 degrees to the right and 20 degrees to the left. There was tenderness to palpation over the right lumbar paraspinal muscles, consistent with spasms. Motor strength was normal in all extremities. The injured worker reported her pain a 7/10 at the worst, and with naproxen or at rest her pain was reduced to a 6/10. Treatment plan was for a spinal cord stimulator trial. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator (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 Psychological Evaluations, Spinal Cord Stimulators, Page(s): 105, 106, page 101.

Decision rationale: The California Medical Treatment Utilization Schedule indicates that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. It further indicates that for stimulator implantation the patient should have the diagnosis of failed back syndrome with persistent pain in patients who have undergone at least 1 back surgery or patients who have the diagnosis of complex regional pain syndrome (CRPS)/reflex sympathetic dystrophy (RSD). Additionally, it recommends a psychological evaluation for a spinal cord stimulator trial. The injured worker does not have a diagnosis of complex regional pain syndrome or reflex sympathetic dystrophy. The injured worker does not have a diagnosis of failed back syndrome. The clinical information submitted for review does not provide evidence to justify a spinal cord stimulator trial. Therefore, this request for Spinal cord stimulator (SCS) trial is not medically necessary.