

Case Number:	CM14-0149579		
Date Assigned:	09/18/2014	Date of Injury:	08/17/2010
Decision Date:	11/06/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/15/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 63-year-old diabetic man who sustained a work related injury on August 17, 2010. Subsequently, the patient developed chronic right thumb and lower back pain. Prior treatments included medications (NSAIDs and multiple opiates including Norco, Oxycodone, and Lyrica), multiple right thumb surgeries, several epidural injections and lumbar facet injection (neither of these injections provided benefit). An MRI of the lumbar spine obtained in June 18, 2013 showed L4-5 bilateral facet arthrosis with minor anterolisthesis but no canal or neural foraminal compression. At L4-5 there is disc degeneration with a 1-2 mm anterolisthesis. According to a progress note dated on August 12, 2014, the patient reported that his lumbar spine pain and bilateral radiculopathy are the major source of his pain. He also reported right knee pain which was getting worse. He reported loss of feeling about the lateral thighs and calves in both legs. His physical examination showed lumbar tenderness with reduced range of motion, diminished sensation to light touch on the left. Patellar reflexes are +2 bilaterally. The PHQ-9 depression index showed a score of 24/27, which is consistent with severe depression symptoms. The patient was diagnosed with lumbosacral spondylosis without myelopathy, degenerative lumbar or lumbosacral intervertebral, and other idiopathic neuropathy. The provider requested authorization for a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

One spinal cord stimulator trial: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-106.

Decision rationale: According to MTUS guidelines, spinal cord stimulator is recommended: 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. Prior to spinal neurostimulator implantation, the patient should have a psychological evaluation and clearance from drug abuse. There is no evidence that the patient was cleared psychologically. The patient is suffering from a severe depression and it is unlikely that he will be psychologically cleared. There is no clear evidence that the patient failed all conservative therapies. There is no documentation that the patient is not candidate for surgery. Therefore, the request for Spinal Cord Stimulator is not medically necessary.