

Case Number:	CM14-0186029		
Date Assigned:	11/13/2014	Date of Injury:	07/09/2012
Decision Date:	12/16/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/07/2014

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 and 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:

This 29 year-old patient sustained a low back injury on 7/9/12 from moving a heavy inmate while employed by the [REDACTED]. Request(s) under consideration include Spinal cord stimulator trial. The patient is not working. Diagnoses include lumbar degenerative disc disease s/p left lumbar L4-5 microdiscectomy/ laminectomy on 11/8/12; post-laminectomy syndrome; sciatica; myofascial pain; arthritis and low back pain; depression; insomnia. Conservative care has included medications, TENS, physical therapy, pool therapy, acupuncture, pain management, and modified activities/rest. Medications list Gabapentin, Percocet, and Cymbalta. EMG report of 6/3/13 showed persistent left L5 irritation. Report of 2/13/14 from a provider noted the patient with chronic ongoing low back and left radicular leg pain aggravated by activities. Exam showed upper extremity within normal limits; lumbar spine with diffuse diminished range, 5-/5 motor weakness throughout lower knee and ankle movements; tender left scar with left positive SLR. IMR determination of 7/25/14 for CT Discogram was upheld as denied. Report of 10/13/14 from PA/provider noted the patient with unchanged pain symptoms; had week trial of H-wave which helped reduce pain for an hour or two with less use of medication and increased activity. The patient has requested to try SCS trial with pending psychological evaluation. Exam showed antalgic gait; overall intact sensation that is diffusely diminished in left leg; bilateral paraspinal tenderness; limited range of motion in flexion and extension due to pain with positive left SLR. Treatment included medication refills of Opana, Neurontin, and Cymbalta with SCS trial. The request(s) for Spinal cord stimulator trial was non-certified on 11/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators (SCS)spinal cord stimulators (SCS)Psychological evaluations Page(s).

Decision rationale: MTUS guidelines state that spinal cord stimulators are only recommended for selected patients as there are limited evidence of functional benefit and efficacy for those with failed back surgery syndromes. It may be an option when less invasive procedures are contraindicated or has failed and prior psychological evaluations along with documented successful trial are necessary prior to permanent placement for those patients with diagnoses of failed back syndrome; post-amputation pain; post-herpetic neuralgia; spinal cord dysesthesia/injury; confirmed CRPS; multiple sclerosis or peripheral vascular diseases. Submitted reports have not demonstrated support to meet these criteria and have not adequately demonstrated any failed conservative treatment, activities for daily living (ADL) limitations, clear specific clinical findings, and psychological evaluation/ clearance to support for SCS. The Spinal cord stimulator trial is not medically necessary and appropriate.