

Case Number:	CM14-0080978		
Date Assigned:	07/18/2014	Date of Injury:	09/15/2008
Decision Date:	09/29/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	06/02/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Virginia and 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 patient is a 28 year old male who sustained an industrial injury on 9/15/2008. According to the 4/3/2014 pain management progress report, the patient complains of low back pain that radiates to the right lower extremity. Pain is 6/10 with medications and 10/10 without medications. He is status post spinal cord stimulator trial. The procedure took place on 3/27/2014, post procedure he reports good, 50-80% overall improvement. He reports good functional improvement in mood, standing, walking, decrease in pain medication requirements, improved mobility and sleep. He reports he ran out of medications because he took extra due to pain. Examination documents antalgic and slow gait, limited lumbar ROM, increased pain with flexion/extension, decrease sensory to touch along L4 dermatome bilaterally, and seated SLR positive at 70 degrees bilaterally. Imaging: 10/15/2013 left hip MRI, 10/15/2013 right hip MRI and 10/15/2013 lumbar spine MRI are all normal. The SCS trial leads were removed. Multiple diagnoses are listed: cervical radiculitis, lumbar radiculitis, bilateral elbow pain, left hip pain, right shoulder pain, elevated liver enzymes (LFTs), erectile dysfunction due to opiate use and chronic pain, chronic pain, s/p right inguinal hernia repair 12/11/2013, He is not working. Permanent placement of SCS is requested. Current medications were renewed as previously prescribed: Butrans patch, Gabapentin, Hydrocodone 10/325, naproxen, Restone, Senokot-S, Viagra, and Miralax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent spinal cord stimulator implantation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for stimulator implantation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: According to the CA MTUS guidelines, spinal cord stimulator is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated, and following a successful temporary trial. In the case of this patient, the medical records do not support that this patient has any of the accepted indicators for a SCS. Nevertheless, the patient had a SCS trial from 3/27/2014 to 4/3/2014. He claimed having had 50-80% overall improvement with the SCS trial. However, he also reported he ran out of medications because he took extra due to pain. This is entirely contradictory to the claim of significant improvement with the SCS trial and reduction in pain medication use. The medical necessity of the request for permanent SCS implant is not established.