

Case Number:	CM14-0092181		
Date Assigned:	07/25/2014	Date of Injury:	09/10/2011
Decision Date:	08/28/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/18/2014

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 Interventional Spine 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 patient is a 51 year old male with date of injury of 09/10/2011. The listed diagnoses per [REDACTED] are: Post Laminectomy Pain Syndromelumbar Spinal Stenosis, Lumbar radiculopathy. According to this report the patient complains of low back pain radiating to the bilateral legs. The patient states his pain is constant and sharp shooting. He states sitting and standing for longer periods aggravates pain. The patient reports that pain medications and resting alleviates pain. His pain level is 9/10 without medications and 7/10 with medications. He is currently taking Ambien 10mg, Amitiza 24mcg, Fentanyl 75mcg, Lyrica 100mg, and Oxycodone 10-325mg. The patient states he is currently receiving 30% pain relief with his current medications. He denies any side effects. The objective findings show strength in the bilateral lower extremities is 5/5. His previous laminectomy scar is in place. Severe pain is elicited with lumbar spine flexion and extension. The SLR is positive bilaterally at 30-45 degrees in L4/L5 distribution. There is moderate palpable spasms in the bilateral lumbar paraspinous muscles with positive twitch response. The patient uses a cane for ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulation Trial (SCS Trial): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic/Complex Regional Pain Syndrome Page(s): 38.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) (MTUS pg 101) Recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. Spinal Cord Stimulation, pg. 105-107.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a spinal cord stimulation trial. Under Spinal Cord Stimulation MTUS guidelines, pgs 105-107 states Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful temporary trial. The listed diagnosis include post-laminectomy syndrome that this patient suffers from. The MTUS page 101 also recommend psychological evaluation prior to spinal cord stimulation trial. The report dated 05/29/2014 notes that the patient is post-laminectomy pain syndrome who has tried and failed conservative therapy including NSAIDS, rest, physical therapy, opiates, along with epidural steroid injections and three previous lumbar surgeries and continues to have suboptimal pain relief. The patient had 1 back surgery in 2010 and 2 failed back surgeries in Jan 2012 and April 2012. The patient has tried gabapentin, Norco, Lyrica, Percocet, Fentanyl patches, Amitiza, and Ambien with minimal benefit. However, the records do not show a psychological clearance nor does the treater mention that this has been done. The request is not medically necessary.