

Case Number:	CM14-0142867		
Date Assigned:	09/10/2014	Date of Injury:	09/13/2011
Decision Date:	01/02/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 13, 2011. In a Utilization Review Report dated August 18, 2014, the claims administrator failed to approve a request for spinal cord stimulator trial under anesthesia and/or fluoroscopic guidance. The claims administrator stated that the applicant had not undergone a psychological clearance evaluation prior to pursuit of the spinal cord stimulator trial. The claims administrator stated that its decision was based on progress notes of August 11, 2014, July 21, 2014, and June 19, 2014. The applicant's attorney subsequently appealed. In an August 7, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the right lower extremity, 8-9/10 without medications. The applicant's medication list included Norco, Neurontin, and tizanidine. The applicant was not currently working, it was acknowledged and was receiving both disability benefits and Workers' Compensation indemnity benefits, it was noted. A spinal cord stimulator trial was sought. The applicant's primary stated diagnosis was sciatica. In a July 25, 2014 medical-legal evaluation, it was noted that the applicant had ongoing complaints of knee pain, low back pain, and posttraumatic headaches. Permanent work restrictions were endorsed. It was stated that the applicant was unable to do her usual and customary work. A 33% whole person impairment rating was issued. It was stated that the applicant had had a prior knee arthroscopy. In a June 30, 2014 progress note, the applicant reported ongoing complaints of low back pain, headaches, depression, anxiety, and irritability. The applicant was using a cane to move about. The applicant felt hopeless. Cognitive behavioral therapy was sought. Earlier progress notes of July 21, 2014 and June 19, 2014 again suggested that the applicant's primary presenting complaint was that of sciatica. In a psychological evaluation dated May 22, 2014, it was stated that there was no contraindication toward pursuit of a recommended spinal cord

stimulator trial. The applicant's primary stated diagnosis was that of major depressive disorder (MDD). The remainder of the file was surveyed. There was no mention of the applicant having had earlier spine surgery. In a permanent and stationary report dated May 17, 2014, the applicant's primary treating provider stated that the applicant had undergone a knee meniscectomy on April 5, 2012. While the applicant did carry a diagnosis of electrodiagnostically-confirmed lumbar radiculopathy, there was no mention of the applicant's having had earlier lumbar spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial under MAC anesthesia/fluoroscopy guidance: 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 Indications for Stimulator Implantation topic. Page(s): 107.

Decision rationale: While page 107 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that indications for spinal cord stimulator implantation include failed back syndrome or persistent low back pain in applicants who have undergone at least one previous lumbar spine surgery, complex regional pain syndrome/reflex sympathetic dystrophy, postamputation pain, postherpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, and/or peripheral vascular disease, in this case, however, it does not appear that the applicant carries any of the aforementioned diagnoses. There was/is no mention of the applicant's having had prior lumbar spine surgery. There was no mention of the applicant's carrying a diagnosis of reflex sympathetic dystrophy of either lower extremity. Several progress notes were surveyed, referenced above. None of the progress notes referenced above suggested that the applicant had undergone prior lumbar spine surgery. While the applicant was given a diagnosis of sciatica on several occasions, referenced above, there was no explicit mention of the applicant's ever having had previous lumbar spine surgery. There was likewise no mention of the applicant's carrying any other diagnoses which would qualify for a spinal cord stimulator implantation trial. Therefore, the request is not medically necessary.