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| Case Number: | CM14-0196874 | | |
| Date Assigned: | 12/04/2014 | Date of Injury: | 05/24/2011 |
| Decision Date: | 01/22/2015 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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 May 24, 2011. In a utilization review report dated October 26, 2014, the claims administrator failed to approve a request for a spinal cord stimulator trial. The claims administrator stated that its decision was based on an October 16, 2014 RFA form. The claims administrator stated that the applicant did not carry a diagnosis of failed back syndrome or complex regional pain syndrome for which the spinal cord stimulator trial could be considered. The applicant's attorney subsequently appealed. In an October 15, 2014 progress note, the applicant reported ongoing complaints of axial low back pain. The applicant had undergone multiple medial branch blocks and SI joint blocks. The applicant reported highly variable 0-8/10 pain. The applicant reported occasional radicular complaints. The applicant also had issues with incidentally noted carpal tunnel syndrome. The applicant's medication list included Percocet, Ambien, Flexeril, Opana, Colace, Senna, and Dulcolax. The applicant's stated diagnosis was degenerative disease of the lumbar spine. The applicant was asked to pursue a spinal cord stimulator trial for a reported diagnosis of degenerative disc disease of the lumbar spine. The applicant was asked to continue Opana, Percocet, Flexeril, Colace, Senna, and Dulcolax in the interim. The applicant's work status was not stated on this occasion. On September 17, 2014, the applicant was placed off work, on total temporary disability. The applicant reported persistent complaints of low back and neck pain. The applicant's pain complaints were described as predominantly axial. The applicant was status post an earlier anterior cervical discectomy and fusion, it was stated, and carried a diagnosis of degenerative spondylosis of the lumbar spine. The remainder of the file was surveyed. The bulk of the information on file comprised largely of historical progress notes with the applicant's chronic pain physician. On June 17, 2014, the applicant's spine surgeon apparently informed that he was

not a candidate for further cervical spine surgery or for any kind of lumbar spine surgery. A spinal cord stimulator trial was being sought, although it was not evident whether this represented a spinal cord stimulator trial for the lumbar spine or the cervical spine. The remainder of the file was surveyed. There is no mention that the applicant is having had a prior psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spinal cord stimulator trial using St. Juse equipment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations, IDDS & SCS, Spinal Cord Stimulators Page(s): 101 and 107.

Decision rationale: As noted on page 107 of the MTUS Chronic Pain Medical Treatment Guidelines, indications for stimulator implantation include failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury dysesthesias, peripheral vascular disease, and pain associated with multiple sclerosis. Page 107 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position on spinal cord stimulator trials for stimulator implantation by noting that the procedure should be employed with more caution in the cervical region than in the thoracic region or lumbar region. Here, the applicant's primary pain generator appears to be axial low back pain, a condition for which spinal cord stimulator implantation is not explicitly recommended, per page 107 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 101 of the MTUS Chronic Pain Medical Treatment Guidelines further suggests that a psychological evaluation be performed pre-spinal cord stimulator trial. In this case, it does not appear that the applicant has had the prerequisite precursor psychological evaluation. Therefore, the request is not medically necessary.