

Case Number:	CM14-0204598		
Date Assigned:	12/16/2014	Date of Injury:	04/25/2000
Decision Date:	02/05/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/05/2014

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 Emergency 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 injured worker is a 51 year-old male, who sustained an injury on April 25, 2000. The mechanism of injury is not noted. Diagnostics have included: MRI lumbar spine reported as showing L4-S1 laminectomy. Treatments have included: medications, right knee arthroscopy, physical therapy, lumbar laminectomy. The current diagnoses are: depression, anxiety, neuralgia/neuritis, insomnia, back pain. The stated purpose of the request for Spinal cord stimulator trial, two leads was for pain. The request for Spinal cord stimulator trial, two leads was denied on November 3, 2014, citing a lack of documentation of psychological clearance. Per the report dated October 14, 2014, the treating physician noted complaints of lower back pain as well as right knee and right ring finger pain. Exam showed use of 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 stimulator trial, two leads: 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), psychological evaluations Page(s): 105-107, 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic

(Acute & Chronic), Spinal Cord Stimulators (SCS) and ODG - Pain (Chronic), Spinal Cord Stimulators, Psychological Evaluation.

Decision rationale: The requested Spinal cord stimulator trial, two leads, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, spinal cord stimulators (SCS), Pages 105-107 and psychological evaluations, Page 100-101; and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Spinal Cord Stimulators (SCS) and ODG - Pain (Chronic), Spinal Cord Stimulators, Psychological Evaluation note that spinal cord stimulators are "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated;" and "Spinal cord stimulators (SCS) should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management;" and "Indications for stimulator implantation: - Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: (1) symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); (2) psychological clearance indicates realistic expectations and clearance for the procedure; (3) there is no current evidence of substance abuse issues; (4) there are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial." The injured worker has lower back pain as well as right knee and right ring finger pain. Especially in light of the injured worker's positive psych history, the treating physician has not documented sufficient psych clearance. The criteria noted above not having been met, Spinal cord stimulator trial, two leads is not medically necessary.