

Case Number:	CM14-0208668		
Date Assigned:	12/22/2014	Date of Injury:	11/01/2000
Decision Date:	02/11/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/12/2014

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 Family Practice 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:

56 yr. old female claimant sustained a work injury on 11/1/2000 involving the low back. She was diagnosed with a herniated nucleus pulposus. A progress note on 10/14/14 indicated the claimant had continued back pain. Exam findings were notable for spasms, and tenderness in the lumbar spine with a positive straight leg raise test on the left side. The treating physician was planning for a spinal cord stimulator placement. As a result a psychological consultation was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyche Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator, Psychological Treatment Page(s): 38, 101.

Decision rationale: According to the guidelines, 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. Indications for a spinal cord stimulator are:- Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to

benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar.- Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.)- Post amputation pain (phantom limb pain), 68% success rate- Post herpetic neuralgia, 90% success rate - Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury)- Pain associated with multiple sclerosis - Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. Since the claimant does not have the diagnoses above and there is no documentation of failed less invasive methods, a stimulator is not medically necessary. Therefore a psychological consultation is not medically necessary.