

Case Number:	CM14-0210028		
Date Assigned:	12/23/2014	Date of Injury:	06/18/1997
Decision Date:	02/19/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 39-year-old female with date of injury of 06/18/1997. The listed diagnoses from 11/10/2014 are: 1. Cellulitis of the right iliac crest bone graft site. 2. L2-L3 adjacent segment degeneration. 3. Bilateral greater trochanter bursitis. 4. L5- S1 disk degeneration below L3 through L5 fusion. 5. Lumbar kyphosis. 6. Right leg radiculopathy. 7. L5-S1 stenosis. 8. Narcotic dependence .9. Depression. 10. Status post L5 through S1 anterior lumbar interbody fusion with cage instrumentation and posteri. 11. Bilateral sacroiliac joint dysfunction. According to this report, the patient complains of low back pain radiating into the bilateral buttocks with numbness radiating down the right posterior thigh through the shin and calf into the dorsal and plantar aspect of the right foot. The patient rates her pain 7/10 on the VAS scale. Her current list of medications includes gabapentin, Topamax, BuTrans, and Soma. Examination shows the patient walks with a normal gait and has normal heel-to-toe swing with no evidence of limp. There are postoperative scars over the lower abdomen and over the lower midline lumbar spine. Palpable tenderness over the lower midline lumbar spine and over the bilateral sacroiliac joints. Decreased sensation over the right L3, L4, L5, and S1 dermatome distribution. Range of motion is diminished. Straight leg raise is negative bilaterally. Treatment reports from 07/18/2014 to 11/10/2014 were provided for review. The utilization review denied the request on 11/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulation trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulation trial; Spinal cord stimulation Page(s): 101; 105-107.

Decision rationale: This patient presents with low back pain radiating into the bilateral buttocks with numbness radiating down the right posterior thigh through the shin and calf into the dorsal and plantar aspect of the right foot. The patient is status post right S1 nerve root block from 10/13/2014. The treater is requesting a spinal cord stimulation trial. The MTUS Guidelines pages 105 to 107 under spinal cord stimulation 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." MTUS page 101 also recommends psychological evaluation prior to a spinal cord stimulation trial. The 11/10/2014 report shows that the patient has detox off high-dose narcotics successfully. The patient underwent S1 nerve block on 10/13/2014. She has utilized tramadol, Topamax and BuTrans patch. In this case, the records do not show a psychological clearance for the patient to move forward with a trial of a spinal cord stimulator. The request is not medically necessary.