

Case Number:	CM15-0005182		
Date Assigned:	01/16/2015	Date of Injury:	04/26/2013
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/09/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30- year old male, who sustained an industrial injury on April 26, 2013. Treatment to date has included medication management, chiropractic and acupuncture therapy, physical therapy with a home exercise program, heat/ice therapy, TENS therapy and routine follow up. Currently, the IW complains of low back pain that radiates to the right buttock, hip and groin region. Pain was rated an eight, was constant, made worse with prolonged sitting, and is relieved by heat and ice. Diagnoses included low back pain, degenerative disk disease of the lumbar spine, L4-L5 annular tear, lumbar radicular pain and neuroforaminal stenosis at the L3-L4. On December 12, 2014, the Utilization Review decision non-certified a trial spinal cord stimulator, noting the medical records did not indicate that that was a current diagnosis of failed back syndrome or complex regional pain syndrome. There was also no indication of post amputation pain or a spinal cord injury. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On January 9, 2015, the injured worker submitted an application for IMR review of a trial spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for stimulator implantation Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The patient presents with pain affecting his lower back. The current request is for Trial of spinal cord stimulator. The treating physician states, "A trial of spinal cord stimulation is medically necessary to treat his pain, who presents with a diagnosis of L4/5 annular tear, lumbar radicular pain, neuroforaminal stenosis at L3/4." (44B) The MTUS guidelines state, "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial." MTUS supports spinal cord stimulators for patients who have had failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), Post amputation pain, Post herpetic neuralgia, Spinal cord injury dysesthesias, Pain associated with multiple sclerosis, and/or Peripheral vascular disease. In this case, the treating physician has not documented that the patient has had any of the above procedures/symptoms. The current request is not medically necessary and the recommendation is for denial.