

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0013852 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 11/07/2006 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 01/23/2015 |

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old female with an industrial injury dated 11/07/2006. Past surgical history was positive for left shoulder arthroscopic rotator cuff repair and left carpal tunnel release in 2008, and right carpal tunnel release in 2009. The 4/24/13 lumbar MRI impression documented L5/S1 moderate to severe disc desiccation with neuroforaminal stenosis, grade 1 anterolisthesis L4 on L5/S1 causing mild central canal and neuroforaminal stenosis, and mild L2/3 degenerative disc disease. Progress notes since 2012 have documented chronic opioid use with increasing levels of medications required for partial pain management. Depression and anxiety have been noted. Cognitive behavioral therapy and acupuncture were recommended on 8/19/14 with no documentation of response. The 12/9/14 treating physician report cited significant back and left lower extremity pain. Pain levels were increased with standing, walking and activity. Topical medications help partially. Oswestry disability score indicated crippling back pain. Current medications included Xanax, Soma, Norco, and Ambien. Physical exam documented positive right straight leg raise, L3 to S1 facet tenderness, lumbar intervertebral space tenderness, and pain with flexion and extension. The diagnosis was lumbosacral radiculopathy, lumbar disc herniation and degenerative disc disease, rotator cuff syndrome, and fibromyalgia. The treatment plan recommended spinal cord stimulator trial as the patient had not responded well to conservative treatment. Medications partially helped but caused significant side effects. 01/05/2015 utilization review denied the request for a spinal cord trial and spinal bleed cord implantation based on lack of current documentation to support the medical necessity. MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

spinal cord trial: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend the use of spinal cord stimulators (SCS) only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions including failed back syndrome and complex regional pain syndrome. Permanent implantation may be recommended following a successful trial. A psychological evaluation is recommended prior to placement of the spinal cord stimulator. Guideline criteria have not been met. The diagnostic criteria have not been met relative to failed back surgery syndrome or complex regional pain syndrome. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. A psychological clearance is not evidenced. Therefore, this request is not medically necessary.

Two spinal bleed spinal cord stimulation implantation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.