MAXIMUS Federal Services

Case Number:	CM15-0018523		
Date Assigned:	02/06/2015	Date of Injury:	01/26/1998
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/31/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 58 year old female, who sustained an industrial injury on 1/26/98. She has reported back injury. The diagnoses have included failed lumbar back syndrome, spondylolisthesis, and intervertebral lumbar disc without myopathy lumbar region. Treatment to date has included medications, diagnostics, surgery and conservative treatment. Surgeries included laminectomy and diskectomy 1989, and lumbar fusion in 2003.Currently, as per progress note dated 6/25/14, the injured worker complains of chronic low back pain rated 8/10 and constant. The pain is aching, hot-burning, sharp and shooting and on the average rated 8/10. Physical exam revealed the lumbar region had spasms noted with tenderness to touch. Rotation to the right and left causes back pain. The straight leg raise was positive on the left. The pain radiates to left buttock and legs. The current medications were Fentanyl patch and Norco. There were no diagnostic studies noted. Plan was for orthopedic consult and psyche consult for possible implant trial. As cited in the utilization review, progress note dated 12/16/14 which was not noted in the records, indicates that the injured worker has chronic intractable low back pain that radiates into the left buttock and down the left leg. The physical exam revealed tenderness in bilateral lumbar regions, decreased range of motion, straight leg raise positive on the left and the sensation was decreased. The urine drug screen dated 9/17/14 and 12/16/14 was inconsistent with medications prescribed and positive for methamphetamine. She admits that she smokes it occasionally. On 12/30/14 Utilization Review non-certified a request for Stimulator trail with

two 8-electrode leads, noting that medical necessity was not established per the guidelines. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stimulator trail with two 8-electrode leads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105-107. Decision based on Non-MTUS Citation Pain, Spinal Cord Stimulator (SCS) UpToDate, Intractable Low Back Pain

Decision rationale: MTUS and ODG 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." While Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I are possible conditions for use of spinal cord stimulator, ODG and MTUS additionally clarifies that evidence is limited and "more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain." The medical documents do not indicate when the most recent trial of physical therapy sessions were utilized or what other less invasive treatments have been tried recently with the objective results of those treatments. Additionally, no quantifying of patient's pain level or functional level was present in progress notes, which is important to assess the level of pain typically experienced by the patient to determine if the pain is "intractable," per UpToDate guidelines. As such, the request for Stimulator trail with two 8-electrode leads is not medically necessary.