

Case Number:	CM15-0110037		
Date Assigned:	06/19/2015	Date of Injury:	09/29/2013
Decision Date:	07/29/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/08/2015

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 injured worker is a 24-year-old male who sustained an industrial injury on 9/29/13. Injury occurred while he was lifting heavy boxes and twisting, with immediate onset of back pain radiating down the left leg. Past surgical history was negative. Past medical history was positive for smoking. Conservative treatment included opioid analgesics, epidural steroid injections, facet blocks, and activity modification. Records documented lumbar spine MRI evidence of an L5/S1 posterior disc bulge with no impingement of the nerve roots. Records indicated that the injured worker did not want to consider neurosurgery and did not want to continue to use Norco for pain, despite 80% reduction in pain with use. A spinal cord stimulator was recommended by the pain management physician. The 4/2/15 psychological consult cleared the injured worker to proceed with spinal cord stimulator trial. The 5/12/15 pain management report cited right sided back pain with intermittent radiation to the posterior thigh and anterior foot. The injured worker had completed a spinal cord stimulator trial for lumbar degenerative disc disease with radiculitis. Pain was improved by at least 60% during the trial, he had more energy, improved mood, and medication use decreased from 2-3 Norco per day to 1 per day. Lumbar spine exam documented ambulation with a limp, paraspinal tenderness, normal muscle tone, restricted and painful lumbar range of motion, and positive bilateral Fabere's, sacral thrust, and Gaenslen's tests. Authorization was requested for spinal cord stimulator permanent implant. The 5/19/15 utilization review non-certified the request for permanent implantation of the spinal cord stimulator as there was no indicated that the injured worker had failed spinal surgery or was not a candidate for spinal surgery at all.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator permanent implant: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for stimulator implantation.

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

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have not been met. This injured worker has not undergone back surgery nor been diagnosed with complex regional pain syndrome. There is no detailed evidence that less invasive procedures, including physical therapy and medications, have failed or are contraindicated. Therefore, this request is not medically necessary.