

Case Number:	CM15-0116182		
Date Assigned:	06/24/2015	Date of Injury:	02/10/2006
Decision Date:	07/30/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 55 year old female, who sustained an industrial injury on 2/10/2006. Diagnoses include right sacroiliitis, chronic back pain status post lumbar surgery x2, lumbar radiculopathy, cervical myofascial strain and lumbar myofascial strain. Treatment to date has included diagnostics, surgical intervention (L4-L5, L5-S1 fusion 2008 and revision 2010), medications including Oxycontin, Norco, Gabapentin, Sonata, Lidoderm patch, Soma and Klonopin, TENS unit, physical therapy, massage therapy, acupuncture, traction, heat and ice application, injections and chiropractic care. Per the Primary Treating Physician's Progress Report dated 4/14/2015, the injured worker reported low back pain which radiates into the hips and buttocks. She reports no significant changes since her last visit. She rates her pain as 6/10. Physical examination revealed an antalgic gait with single point cane. There was hypertonicity to the bilateral paraspinals C4-C7. There was tenderness to palpation of right cervical, thoracic and lumbar structure, right sacroiliac and right buttock with limited lumbar range of motion. The plan of care included medications, spinal cord stimulator trial, and continuation of physical therapy. Authorization was requested for spinal cord stimulator trial. The medication list includes Oxycontin, Norco, Gabapentin, Sonata, Lidoderm patch, Soma and Klonopin. Patient sustained the injury when she was lifting a wheel chair. Patient had received an ESI for this injury and right sacroiliac injections that did not give significant relief. The patient has had an EMG study of the bilateral LE on 11/20/14 that revealed no peripheral neuropathy and revealed spontaneous activity in lumbar paraspinal muscles. The patient's surgical history includes lumbar fusion in 2008.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SCS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), web version, Spinal cord stimulators (SCS) page 105-107.

Decision rationale: Per the cited guidelines spinal cord stimulator is "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. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain." In addition per the cited guidelines psychological evaluation is "Recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial." A detailed psychological evaluation is not specified in the records provided. There is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS). In addition per the records provided patient has had PT for this injury. Response to the prior conservative therapy is not specified in the records provided. Prior conservative therapy notes are not specified in the records provided. The request for Spinal Cord Stimulator Trial is not medically necessary or fully established in this patient.