

Case Number:	CM15-0117640		
Date Assigned:	06/26/2015	Date of Injury:	08/03/2011
Decision Date:	07/27/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/18/2015

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 52-year-old female who sustained an industrial injury on 8/3/11. Injury occurred when she was sitting in a sample chair and it gave out. She fell through the chair and it struck her in the back. She underwent left hip arthroscopy with labral repair, synovectomy and chondroplasty on 9/25/13, and right hip arthroscopy with labral debridement, chondroplasty, peritrochanteric bursectomy, and iliotibial band release on 4/2/14. Conservative treatment has included activity modification, medications, physical therapy, and epidural steroid injections. The 5/11/15 treating physician report cited continued significant low back pain with left lower extremity radiculopathy and paresthesias. There was pain and discomfort with rotation, flexion and extension. There was no lower extremity weakness, or bowel/bladder changes. Physical exam documented ambulation with two crutches and a moderately antalgic gait. There was very mild loss of lumbar lordosis, paraspinal tenderness, decreased lumbar flexion/extension, intact deep tendon reflexes and sensation, mild strength deficit secondary to guarding, and positive straight leg raise. The diagnosis was chronic lumbosacral degeneration with radiculopathy. Recommendations included a new lumbar spine MRI and transfer of care to another orthopedist. Authorization was requested for an outpatient spinal cord stimulator trial. The 6/17/15 lumbar spine MRI impression documented normal alignment with no evidence of vertebral compression fracture or pars fracture, and multilevel disc desiccation without focal disc herniation, central or foraminal narrowing. There was 1 to 2 mm of annular disc bulging at L5/S1 without an acute annular tear or disc herniation. The 6/17/15 utilization review non-certified the request for an outpatient spinal cord stimulator trial as there was no psychological screening documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines stimulator implantation Page(s): 139.

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 been diagnosed with either failed back surgery syndrome or complex regional pain syndrome. She has not undergone back surgery. Additionally, there is no evidence of a psychological clearance. Therefore, this request is not medically necessary.