

Case Number:	CM15-0120516		
Date Assigned:	07/01/2015	Date of Injury:	08/23/1999
Decision Date:	07/30/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 71-year-old male who sustained an industrial injury on 08/23/1999. The injured worker was diagnosed with intractable pain syndrome, cervical myofascial pain, cervical degenerative disc disease, cervicogenic headaches, lumbar myofascial pain and emotional factors. There was no documentation of past surgical interventions. Treatment to date has included diagnostic testing, multiple medication trials, physical therapy, home exercises and long term opioid medication usage. According to the primary treating physician's progress report on June 5, 2015, the injured worker continues to experience neck and low back pain. The injured worker rates his neck and low back pain level at 5/10. The injured worker is on Fentanyl 100mcg every 48 hours and Norco 10/325mg, maximum 6 tablets a day for break through pain, which drops his pain, level by 50% from 10/10 to 5/10. Examination demonstrated the cervical region to be tight with decreased range of motion and the lumbar spine with myofascial restrictions and positive straight leg raise bilaterally. In past reports, there was documentation of delusional beliefs of the etiology of the burning pain in the legs as well as aberrant pain behavior. The injured worker is currently seen every 2 weeks. Current medications are listed as Norco, Fentanyl, Ibuprofen, Gabapentin and Abilify. Treatment plan consists of pain management consultation, psychological/psychiatric evaluation, daily exercises and the current request for an implantable dorsal column stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Dorsal Column Stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) and Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Page(s): 105-106.

Decision rationale: Purchase Dorsal Column Stimulator is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a spinal cord stimulator is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful temporary trial. Psychological evaluations are recommended per the MTUS prior to a spinal cord stimulator (SCS) trial. The documentation indicates that the patient has delusional beliefs regarding his pain etiology. The documentation does not indicate that the patient has had a psychological evaluation prior to a trial period of a purchase of a dorsal column stimulator therefore this request for a purchase of a dorsal column stimulator is not medically necessary.