

Case Number:	CM15-0120674		
Date Assigned:	07/01/2015	Date of Injury:	09/25/1998
Decision Date:	07/30/2015	UR Denial Date:	06/03/2015
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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, 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 (n) 65 year old female, who sustained an industrial injury on 9/25/98. She reported pain in her back. The injured worker was diagnosed as having failed lumbar back surgery syndrome, chronic pain due to trauma, thoracic or lumbosacral radiculopathy and chronic muscle spasms. Treatment to date has included trigger point injections with 50% pain relief and spinal fusions x 5. Current medications include Kadian, Skelaxin, Norco, Miralax, Ibuprofen and Docusate. As of the PR2 dated 5/26/15, the injured worker reports moderate to severe pain in her back. She rates her pain a 10/10 without medications and an 8/10 with medications. Objective findings include moderate pain with lumbar range of motion and tenderness to palpation. The treating physician requested a spinal cord stimulator lead placement trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) spinal cord stimulator lead placement trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-106.

Decision rationale: According to MTUS guidelines, spinal cord stimulator is recommended: "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." Prior to spinal neurostimulator implantation, the patient should have a psychological evaluation and clearance from drug abuse. In this case, there is no evidence that the patient was cleared psychologically. In addition, there is no evidence of neuropathy. Therefore, the request for spinal cord stimulator lead placement trial is not medically necessary.