

Case Number:	CM15-0124467		
Date Assigned:	07/09/2015	Date of Injury:	06/25/2009
Decision Date:	08/12/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina
 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 30 year old female, who sustained an industrial injury on 6/25/09. Initial complaints were not reviewed. The injured worker was diagnosed as having post-laminectomy syndrome lumbar region; chronic pain; chronic pain syndrome; unspecified thoracolumbosacral neuritis and radiculitis; thoracic spine pain; generalized anxiety disorder; unspecified essential hypertension. Treatment to date has included chiropractic therapy; acupuncture; physical therapy; status post spinal fusion (8/3/10 and 10/13/11); status post carpal tunnel release (8/2012 and 12/13/12); status post spinal cord stimulator trial (1/13/15); status post permanent placement spinal cord stimulator (3/18/15); medications. Diagnostics studies included MRI lumbar spine (6/27/11); MRI thoracic spine (5/4/13). Currently, the PR-2 notes dated 2/25/15 indicated the injured worker complains her hands continue to have periodic, intermittent symptoms including numbness and tingling. She is also experiencing right elbow tendinitis. Objective findings are noted as grip strength by Jamar dynamometer testing in pounds average of 3 is as follows: right 38 and left 60. Phalen's test is positive and she has tenderness laterally over the elbow with range of motion 10 to 110 degrees. The provider notes he will monitor her hand symptoms and if the symptoms worsen, she will be a candidate for repeat nerve testing and possible surgery. He notes her diagnoses as status post bilateral carpal tunnel releases and right elbow tendinitis. The PR-2 notes dated 2/14/15 indicate she is a status post spinal cord stimulator successful trial on 1/13/15. This was due to a failed lumbar laminectomy with persistent continuation of pain. The PR-2 notes date 6/13/15 indicate the injured worker is now a status post permanent placement spinal cord stimulator (3/18/15), however, the stimulator needed adjusted because it was increasing her

symptoms. The provider is requesting authorization of spinal cord stimulator reprogram and follow-up office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator reprogram: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulator Page(s): 101.

Decision rationale: The California MTUS section on spinal cord stimulators states: 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. (Mailis-Gagnon-Cochrane, 2004) (BlueCross BlueShield, 2004) The patient has had a successful trial of SCS and now has an implantable SCS. The provided clinical documentations shows increased pain so the request is for reprogramming of the SCS. This is medically necessary based on the provided records and the request is medically necessary.

Follow up office visit: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical reevaluation.

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested service. The ODG states follow up visits are based on ongoing need as dictated by response to prescribed treatment and therapy. The patient has ongoing and worsening back pain and therefore a follow up visit is medically necessary and the request is certified.