

Case Number:	CM15-0126219		
Date Assigned:	07/10/2015	Date of Injury:	01/11/2012
Decision Date:	08/07/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/30/2015

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 35-year-old male who sustained an industrial injury on 1/11/12. Injury occurred when the injured worker lifted a 5-gallon bucket filled with water. Past medical history was positive for diabetes type 2. Conservative treatment had included physical therapy, medications, home exercise program, acupuncture, epidural steroid injection, L3-L5 medial branch blocks, and L3-S1 radiofrequency ablation. A psychological evaluation on 8/21/14 indicated that the injured worker was cleared to proceed with spinal cord stimulator trial. The 9/16/14 treating physician report cited grade 7/10 low back pain, worsened with sitting, bending, and walking. Pain was described as aching, stabbing, throbbing, numbness and tingling. Alleviating factors included standing and lying down. Pain medications improved the pain 100% with no side effects. Without pain medication, he reportedly could not do much. Physical exam documented compensated gait, lumbar tenderness, restricted and painful lumbar range of motion, 5/5 lower extremity strength, and decreased left medial lower leg sensation. The diagnosis included lumbar radiculitis, lumbar facet arthropathy, depression/anxiety, and insomnia. The treatment plan recommended continued Norco and Flexeril, weight loss, and proceeding with spinal cord stimulator. The 10/17/14 lumbar spine MRI impression documented L3/4 and L5/S1 broad-based posterior disc herniations, measuring 6 mm, causing mild narrowing of the central canal and neural foramina, bilaterally. There was an 8 mm broad-based posterior and left paracentral disc herniation at L4/5, with slight inferior migration causing mild narrowing of the central canal and neural foramina bilaterally. There was mild 2 mm diffuse bulge of the L2/3 disc without any significant central canal or neuroforaminal narrowing. There was mild facet arthropathy at the L3/4, L4/5, and L5/S1 levels, and minimal

retrolisthesis of L5 over S1. The 5/12/15 treating physician report cited back pain thought secondary to degenerative disc disease with radiculitis and concurrent facet arthropathy. Back pain had not improved much in the eight weeks following radiofrequency ablation. Pain was reported 8/10 with and without medication. The injured worker was no longer taking Norco. Physical exam was unchanged from 9/16/14. Authorization was requested for a spinal cord stimulator trial including complex programming of the stimulator, lumbar spine. The treatment plan recommended a spinal cord stimulator trial, and continued Flexeril. The 6/19/15 utilization review non-certified the appeal request for spinal cord stimulator trial including complex programming for the lumbar spine as there was no evidence that this injured worker was not a surgical candidate or a candidate for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial including complex programming of the stimulator, lumbar spine: Upheld

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

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 presents with chronic lower back pain. He has not undergone spinal surgery and is not diagnosed with complex regional pain syndrome. Detailed evidence of reasonable and/or comprehensive non-operative treatment that has been trialed and failed has not been submitted. Records indicated that the injured worker achieved 100% pain relief with the prior use of Norco. Imaging shows multilevel disc herniations with no evidence that the injured worker is not a surgical candidate. Given the failure to meet guideline criteria relative to diagnosis and failed conservative treatment, this request is not medically necessary.