

Case Number:	CM15-0129348		
Date Assigned:	07/15/2015	Date of Injury:	09/28/2012
Decision Date:	09/22/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/03/2015

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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on 9/28/2012. MRI from 12/28/12 indicates that there is disc bulging and moderate to severe disc degeneration at L2-S1. EMG from 3/20/13 was grossly normal with no evidence of lumbar radiculopathy. Diagnoses include lumbar disc displacement without myelopathy and sciatica. Treatment to date has included surgical intervention (left knee arthroscopy, 2007) and conservative measures including diagnostics and medications including Norco, Gabapentin, Norflex, stool softener, Effexor and Protonix. Per the Primary Treating Physician's Progress Report dated 2/18/2015, the injured worker reported continued low back pain and radiating pain in his leg. Physical examination of the lumbar spine revealed positive straight leg raise on the right with spasm and guarding. The plan of care included, and authorization was requested, for trial spinal cord stimulator with MedTronic under fluoroscopic guidance, dorsal column stimulator trial, trial lead, electronic analysis pump and IV sedation. The treating provider states that the stimulator trial is indicated as the patient "does continue to have decreased sensation in dermatomal distribution he has radiculopathy and has responded well to medication and a spinal cord stimulator trial is reasonable".

IMR ISSUES, DECISIONS AND RATIONALES

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

Dorsal Column Stimulator Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Dorsal Column Stimulator.

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

Decision rationale: According to CA MUTS guidelines, spinal cord stimulators are recommended "for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful temporary trial". One of the listed clinical indications for stimulator implantation is Failed back syndrome as defined as persistent pain in patients who have undergone at least one previous back operation). According to CA MTUS stimulator is "more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar". The treating provider is treating the patient's chronic lumbar radicular pain. From review of the limited records provided it appears that epidural steroid injections have not been attempted. The CA MTUS guidelines state that SCS is appropriate "when less invasive procedures have failed". Lacking evidence that less invasive procedures have been attempted and failed then trial of the SCS is not clinically indicated at this time. Additionally psychological assessment is recommended prior to stimulator trial. From review of the records provided it appears that one has not been completed. Therefore based on the limited records provided (if further records regarding previous attempts at ESI are available they should be reviewed and considered in the determination) and the cited guidelines, at this time the requested trial is not supported.

Trial Spinal Cord Stimulator with Medtronic: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to CA MUTS guidelines, spinal cord stimulators are recommended "for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful temporary trial". One of the listed clinical indications for stimulator implantation is Failed back syndrome as defined as persistent pain in patients who have undergone at least one previous back operation). According to CA MTUS stimulator is "more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar". The treating provider is treating the patient's chronic lumbar radicular pain. From

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Trial Lead (x8): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Electronic Analysis (x1): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

IV Sedation (x1): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.