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| Case Number: | CM15-0149624 | | |
| Date Assigned: | 08/12/2015 | Date of Injury: | 05/15/2011 |
| Decision Date: | 10/28/2015 | UR Denial Date: | 07/07/2015 |
| Priority: | Standard | Application Received: | 08/02/2015 |

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: Texas, New York, California

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 applicant is a represented 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 15, 2011. In a Utilization Review report dated July 7, 2015, the claims administrator failed to approve a request for a trial spinal cord stimulator. The claims administrator referenced progress notes of May 18, 2015 and May 26, 2015 in its determination. The claims administrator contended that the claimant had received 12 sessions of physical therapy and that the claimant should complete said therapy before contemplating a spinal cord stimulator trial. The applicant's attorney subsequently appealed. On May 18, 2015, a psychology evaluator stated that the applicant was motivated and did not appear to have any major psychological factors which would preclude his receiving a spinal cord stimulator trial. On May 7, 2015, the applicant reported ongoing complaints of low back pain, 5/10 with radiation of pain to the foot. The claimant was using a back brace and cane, it was reported. The claimant was on Norco, Naprosyn, tizanidine, Ambien, Prilosec, Colace, Neurontin, OxyContin, and aspirin, it was reported. The applicant was asked to pursue a psychological consultation as a precursor to the pursuit of a spinal cord stimulator. Multiple medications were continued and/or renewed. The applicant was described as carrying a diagnosis of lumbar radiculopathy, it was stated toward the diagnosis section of the note. There was no seeming mention of the claimants having undergone prior spine surgery, however. The note was very difficult to follow and mingled historical issues with current issues. It was not clearly stated whether the claimant was or was not working with said limitations in place. An earlier note of December 18, 2014 likewise made no mention of the applicant's having undergone

earlier lumbar spine surgery. Once again, it was not clearly stated whether the applicant was or was not working with limitations in place. On May 11, 2015, the applicant reported ongoing complaints of low back pain radiating to the thighs. The applicant had had earlier lumbar spine surgery and subsequent hardware removal procedure, it was reported. The applicant stated that his pain complaints were interfering with his ability to work. The applicant was using a cane to move about. The applicant was concerned that his spinal cord stimulator trial had not been approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial spinal cord stimulator: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

Decision rationale: Yes, the request for a spinal cord stimulator trial was medically necessary, medically appropriate, and indicated here. As noted on page 107 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the indications for a spinal cord stimulator implantation trial is evidence of failed back syndrome in applicants who have undergone one or more prior failed spine surgery. Here, the applicant was described as having persistent complaints of lower extremity paresthesias present on May 11, 2015 following earlier failed spine surgery. The applicant was off of work. The prior surgery, subsequent hardware removal procedure, medications to include opioids such as OxyContin, Norco, etc., thus, had not proven altogether successful. Moving forward with the proposed spinal cord stimulator trial at issue was, thus, indicated, particularly in light of the fact that the applicant had, in fact, completed a precursor screening psychological evaluation which failed to uncover any psychological co-morbidities to pursuing said spinal cord stimulator trial. Therefore, the request was medically necessary.