

Case Number:	CM15-0170892		
Date Assigned:	09/29/2015	Date of Injury:	05/20/2009
Decision Date:	11/12/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/31/2015

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, 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 41 year old male, who sustained an industrial injury on 5-20-09. The injured worker was diagnosed as having chronic low back pain; status post lumbar decompression-interbody fusion L4-L5 (12-4-02) and revision with removal of pedicle screws and hardware (11-12-03); lumbar radiculopathy; severe stenosis, retrolisthesis L3-4; severe foraminal stenosis L5-S1; chronic left ankle pain. Treatment to date has included physical therapy; braces; CAM boot; chiropractic therapy; medications. Diagnostics studies included EMG-NCV study left lower extremity (10-23-13); MRI left lower extremity (4-30-15). The PR-2 notes dated 5-18-15 returned to this clinic for follow-up and re-evaluation last seen on 4-20-15. The injured worker's most recent urine drug screening was reported on "4-21-14 and was negative for any illicit drug use." He attempted to see a psychiatrist for possible spinal cord stimulator trial, but that provider did not accept worker's compensation insurance. The provider notes he has been prescribed Valium to relax but has been without since it has not been authorized. He restarted Lyrica 75mg one daily to help alleviate the neuropathic pain. He has tried and failed: "Vicodin, Percocet, morphine, Dilaudid, Opana, and Nucynta. He is unable to tolerate Gabapentin as it affected his cognition." His current medications are listed by the provider as: "Valium, Advil, Metformin, Lisinopril, Cymbalta, and Glimepiride." On physical examination the provider notes "There is a large well-healed midline lumbar scar. There is moderate bilateral lumbar paraspinal muscle tenderness. Lumbar flexion is limited at 60 degrees and extension 5 degrees. Strength, sensation and reflexes in the lower extremities are normal. No atrophy or edema of the lower limbs; left ankle with mild tenderness and limited range of

motion. Skin integrity is intact." He is requesting an extension on the psych consult for possible spinal cord stimulator trial. An EMG-NCV study left lower extremity on 10-23-13 impression "Findings in lumbar paraspinals consistent with previous surgery and Normal EMG-NCS of the left leg, no electrical evidence of radiculopathy in the left leg or of peripheral neuropathy." A Request for Authorization is dated 8-26-15. A Utilization Review letter is dated 8-19-15 and non-certification was for a Dual Lead Replacement Programming for Spinal Cord Stimulator Trial times 2. A request for authorization has been received for a Dual Lead Replacement Programming for Spinal Cord Stimulator Trial times 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dual Lead Replacement Programming for Spinal Cord Stimulator Trial times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Pain Chapter.

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

Decision rationale: CA MTUS Guidelines only recommend spinal cord stimulator (SCS) treatment for selected patients in cases where less invasive procedures have failed or are contraindicated. Indications for SCS include failed back syndrome, CRPS/RDS, post-amputation pain, post-herpetic neuralgia, spinal cord injury dysthesias, MS and peripheral vascular disease. In this case, of the above indications for SCS, the patient has only chronic low back pain, however it is not clear that all surgical options have been exhausted. In addition, the EMG/NCV show no evidence of radiculopathy. Therefore, the request is not medically necessary or appropriate.