

Case Number:	CM15-0171112		
Date Assigned:	09/11/2015	Date of Injury:	09/08/2003
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old male who sustained an industrial injury on 9-3-03. He had complaints of lower back pain. Treatment includes: medication, physical therapy and injections. Progress report dated 3-6-15 reports continued complaints of low back pain that radiates down both legs with numbness and tingling to his feet. He has functional limitations due to the pain. Medications help to relieve the pain. Diagnoses include: low back pain, lumbar spondylosis, possible lumbar facet joint arthropathy, lumbar radiculitis, possible sacroiliitis and myofascial pain syndrome. Plan of care includes: request spinal cord stimulator trial as recommended by his primary treating physician, continue Norco 10-325 mg 4 per day, trial medicated compound cream and future considerations of lumbar epidural steroid injection, lumbar diagnostic medial branch nerve block and sacroiliac joint blocks. Work status: per primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Patient Education Psychological Clearance/evaluation related to lumbar spinal cord stimulator trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic (Acute and Chronic).

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

Decision rationale: The 56 year old patient complains of chronic low back pain, as per progress report dated 07/07/15. The request is for patient education psychological clearance / evaluation related to lumbar spinal cord stimulator trial. There is no RFA for this case, and the patient's date of injury is 09/08/03. Diagnoses, as per progress report dated 07/07/15, included lumbago, degenerative lumbar intervertebral discs, displacement of lumbar disc, and impotence of organic origin. Medications, as per progress report dated 05/26/15, included Butrans patch, Norco, Naproxen and Prilosec. The patient is not working, as per progress report dated 07/07/15. MTUS Guidelines page 105 to 107 states that spinal cord stimulation is "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis, and peripheral vascular disease. MTUS page 101 states that psychological evaluation is recommended pre-intrathecal drug delivery systems and spinal cord stimulator trial. MTUS page 101 states that psychological evaluation is recommended pre-intrathecal drug delivery systems and spinal cord stimulator trial. As per progress report dated 05/18/15, the patient's primary care physician recommended an evaluation for spinal cord stimulation trial in March, 2014. Based on this recommendation, the patient's pain management specialist is requesting for a spinal cord stimulator trial in progress report dated 05/18/15. Regarding Spinal Cord Stimulators (SCS), the MTUS guidelines recommend for patients with failed back syndrome, CRPS, post amputation pain, and peripheral vascular disease. In this case, the treater has not documented that the patient has had a failed back surgery. In fact, as per progress report dated 05/18/15, the patient has not had any spinal surgery. There are no indications of CRPS, amputation, or spinal cord injury. The patient does not meet the criteria for a spinal cord trial. Consequently, the request for a psychological clearance is not medically necessary.