

Case Number:	CM15-0175207		
Date Assigned:	09/16/2015	Date of Injury:	12/18/2009
Decision Date:	10/19/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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: Arizona, California
 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 24-year-old female, who sustained an industrial injury on 12-18-2009. She has reported subsequent low back and left lower extremity pain and was diagnosed with lumbar disc displacement and lumbosacral spondylosis. Treatment to date has included oral pain medication, transcutaneous electrical nerve stimulator (TENS), two radiofrequency ablations (RFA's) of left L3-L5, lumbar epidural steroid injections, lumbosacral orthosis and physical therapy. Physical therapy was noted to have provided moderate relief, TENS provided good pain relief, lumbar epidural steroid injections provided mild-moderate relief, left RFA on 05-10-2014 provided 75% pain relief for 4 months and left RFA on 05-18-2015 provided no relief. In a progress note dated 07-28-2015, the injured worker reported no change since the last visit and that the current pain medication regimen was helping for both pain and function. Objective examination findings showed tenderness to palpation of the left lumbar paraspinals and positive left facet-loading test. Trigger point injections were performed during the visit. The physician noted that given the injured worker's moderate pain which was limiting function and activities of daily living and that the injured worker had failed other treatment modalities including pharmacological, surgical, physical or psychological therapies, a spinal cord stimulator trial was being requested. A request for authorization of spinal cord stimulator trial was submitted. At utilization review (08-06-2015), the request for spinal cord stimulator trial was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Upheld

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

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

Decision rationale: According to the guidelines, SCS is indicated for those with CRPS, Failed back (pain despite undergoing at least 1 surgery/operation), MS, herpetic neuralgia, amputatin pain, peripheral vascular disease. In this case, the claimant does have persistent pain despite undergoing therapy and spinal injections/ablations. However, there was no mention of back surgery. The claimant does not have the above diagnoses and the request for the SCS trial is not medically necessary.