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| Case Number: | CM15-0026577 | | |
| Date Assigned: | 02/18/2015 | Date of Injury: | 11/26/2011 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 01/21/2015 |
| Priority: | Standard | Application Received: | 02/11/2015 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 29 year old male who sustained an industrial injury on 11/26/11. He is currently experiencing low back pain with radiation into both lower extremities associated with numbness, tingling and weakness. Medications include Norco and Icy Hot. Current pain intensity was not noted. Diagnoses include lumbar disc displacement, status post lumbar disc discectomy (4/23/13); lumbar stenosis; depression; disturbed sleep; pain disorder associated with psychological factors and orthopedic condition. Treatments to date include physical therapy, lumbar epidural steroid injections without benefit, medication which offers 40% pain relief, transcutaneous electrical nerve stimulator unit with benefit. His final option is fusion surgery which the injured worker would like to avoid. Diagnostics include MRI of the lumbar spine (2/21/14; 4/3/13; 8/2/11). In the progress note dated 12/22/14 the treating provider documented that the injured worker did not wish to have a spinal cord stimulator but would consider it in the future. In the progress note dated 1/8/15 the injured worker continued with significant low back pain and does express interest in a trial. He is scheduled to undergo psychological evaluation to determine candidacy. He would like to decrease his pain medication and control pain. On 1/21/15 Utilization Review non-certified the request for Spinal Cord Stimulator Trial citing MTUS: Chronic Pain Medical treatment Guidelines: Spinal Cord Stimulator Trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial: Overturned

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 Stimulator Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Spinal Cord Stimulator (SCS) and Other Medical Treatment Guidelines Up To Date, Intractable Low Back Pain.

Decision rationale: MTUS and ODG state, Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. While Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I are possible conditions for use of spinal cord stimulator, ODG and MTUS additionally clarifies that evidence is limited and more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. The medical documents do detail a trial and failure of first line treatments and what other less invasive treatments have been trialed and failed. As such, the request for Spinal Cord Stimulator Trial is medically necessary.