

Case Number:	CM15-0063585		
Date Assigned:	04/09/2015	Date of Injury:	10/21/2000
Decision Date:	06/24/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 60 year old female with an industrial injury dated 10/21/2000. Her diagnoses included chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis and reflex sympathetic dystrophy. Prior treatment included medications. She presents on 02/24/2015 for follow up of back pain. She states since last visit she has developed scoliosis with an 80% curve within the past 12 months. She was inquiring about a pain pump, noting that her oral medications had been irritating her stomach. She rated pain level as 8/10 without medication and 4/10 with medications. Physical exam noted significant levoscoliosis with pain appreciated along the spine and paraspinal muscles. Lumbar paraspinal area was tender to palpation and range of motion was decreased. Her medications included Methadone, Nucynta, Ambien, Zofran ODT, Gabapentin, Lidoderm patch and Prevacid. The treatment request was for spinal cord stimulator trial under fluoroscopic guidance to treat industrial complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial under fluoroscopic guidance and sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 105 - 107.

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 section, Spinal cord stimulator.

Decision rationale: Pursuant to the Official Disability Guidelines, spinal cord stimulator trial under fluoroscopic guidance with sedation is not medically necessary. The indications for stimulator implantation are complex regional pain syndrome (CRPS) or failed back surgery syndrome when all of the following are present: there has been a limited response to non-interventional care; psychological clearance indicates realistic expectations and clearance for the procedure; no current evidence of substance abuse issues; no contraindication to a trial; permanent placement requires evidence of 50% pain relief with medication reduction or functional improvement after temporary trial. In this case, the injured worker's working diagnoses are chronic pain syndrome; reflex sympathetic dystrophy; and unspecified thoracic/lumbar. The date of injury is October 21, 2000. The most recent progress note in the medical record is dated February 24, 2015 (request for authorization date March 18, 2015). Subjectively, the injured worker complains of back pain 4-8/10. The injured worker takes Methadone, Nucynta, Ambien, gabapentin, and Lidoderm. The documentation does not contain a psychological clearance indicating realistic expectations and clearance for the procedure. Consequently, absent clinical documentation of a psychological clearance, spinal cord stimulator trial under fluoroscopic guidance with sedation is not medically necessary.