MAXIMUS Federal Services

Case Number:	CM15-0071400		
Date Assigned:	04/21/2015	Date of Injury:	11/02/2011
Decision Date:	05/20/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/15/2015

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 55 year old male, who sustained an industrial injury on 11/2/11. He reported pain in his back and legs due to a heavy object falling on him. The injured worker was diagnosed as having spinal stenosis, lumbar degenerative disc disease and herniated nucleus. Treatment to date has included lumbar epidural injections, lumbar radiofrequency ablations, acupuncture and pain medications. As of the PR2 dated 13/13/15, the injured worker reports pain in his neck and legs. He rated his pain a 4/10 that is increased by sitting, bending and strenuous activity. The injured worker has tried several lumbar epidural injections and medial branch blocks and stated they did not help his pain. The treating physician noted decreased range of motion in all planes of the lumbar spine. The treating physician requested spinal cord stimulator trial with fluoroscopy and moderate sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial with fluoroscopy and moderate sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 106 of 127.

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 with fluoroscopy and moderate 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 spinal stenosis; herniated disc; degenerative lumbosacral (?); and unspecified thoracic/lumbar. The injured worker was referred for psychiatric evaluation and treatment by attorney for recommendation for psychiatric treatment by the AME psychiatrist on May 7, 2014. The spinal cord stimulator trial request for authorization was dated April 1, 2015. The psychiatric evaluation dated May 7, 2014 has no bearing on the spinal cord stimulator evaluation. There is no recent documentation in the medical record with psychological clearance per the recommended guidelines. In a progress note dated March 13, 2015, the treating provider submitted authorization for a spinal cord stimulator trial. Notably, the documentation states injured worker sustained a nervous breakdown on or about February 2015 secondary to overwhelming pain. There is no recent, as noted above, documentation with psychological clearance for the spinal cord stimulator trial. Consequently, absent clinical documentation of a psychological clearance with a history of nervous breakdown one-month prior (on or about February 2015 according to the documentation), spinal cord stimulator trial Pursuant to the Official Disability Guidelines, spinal cord stimulator trial 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 spinal stenosis; herniated disc; degenerative lumbosacral (?); and unspecified thoracic/lumbar. The injured worker was referred for psychiatric evaluation and treatment by attorney for recommendation for psychiatric treatment by the AME psychiatrist on May 7, 2014. The spinal cord stimulator trial request for authorization was dated April 1, 2015. The psychiatric evaluation dated May 7, 2014 has no bearing on the spinal cord stimulator evaluation. There is no recent documentation in the medical record with psychological clearance per the recommended guidelines. In a progress note dated March 13, 2015, the treating provider submitted authorization for a spinal cord stimulator trial. Notably, the documentation states injured worker sustained a nervous breakdown on or about February 2015 secondary to overwhelming pain. There is no recent, as noted above, documentation with psychological clearance for the spinal cord stimulator trial. Consequently, absent clinical documentation of a psychological clearance with a history of nervous breakdown one-month prior (on or about February 2015 according to the documentation), spinal cord stimulator trial with fluoroscopy and moderate sedation is not medically necessary.