MAXIMUS Federal Services

Case Number:	CM15-0074269		
Date Assigned:	04/24/2015	Date of Injury:	08/05/2013
Decision Date:	05/27/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/20/2015

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: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

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 30-year-old female who sustained an industrial injury on 8/05/13. Injury occurred when she was leading a large dog on a leash to a treatment room, and the dog began running. She was twisted to the left and immediately felt lower back pain. The 3/2/15 treating physician report cited grade 6/10 low back pain radiating to the left leg. Pain was described as aching, burning, sharp, shooting, and throbbing. Pain was adequately managed with her current medications. She had recently completed 12 physical therapy visits without improvement in pain. She had initiated acupuncture with no change. Physical exam documented antalgic gait, limited lumbar flexion/extension, positive straight leg raise on the left, and positive left facet loading. Left lower extremity exam documented abnormal swelling, limited range of motion, motor neglect, abnormal temperature, mechanical allodynia, and hyperalgesia to a single pinprick. There was 3/5 left knee flexion and extension weakness, and decreased sensation over the left lateral calf and hyperesthesia over the left medial calf. The diagnosis was thoracic/lumbosacral neuritis or radiculitis, sprain/strain lumbar region, lumbago, and sciatica, with documentation suggesting complex regional pain syndrome has been diagnosed. A spinal cord stimulator trial was recommended and psychological clearance was set for 3/3/15. The 4/16/15 utilization review non-certified the request for spinal cord stimulator trial as the current medication required for low back pain were reported as helpful, well-tolerated, and there was no evidence of dependency. The 4/17/15 treating physician report appeal letter cited grade 6/10 low back, left lower extremity and left hip pain. Physical exam documented findings consistent with left lower extremity complex regional pain syndrome. Medications included gabapentin, pantoprazole,

Soma, ibuprofen, and Percocet. The injured worker was relying heavily on medications to control pain. She was currently taking 6 Percocet per day, in addition to the anti-inflammatory and neuropathic pain medications. Even with medications, pain was 6/10. She reported some improvement in pain with medication, but no significant functional improvement and was unable to return to work. She had also tried physical therapy, acupuncture, home exercise program, lumbar epidural steroid injections, and sympathetic nerve blocks without significant improvement. Spinal cord stimulator trial was indicated and she was psychologically cleared to undergo the trial on 3/3/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial, as related to the Lumbar spine injury, as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-106.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance.Guideline criteria have been met for a spinal cord stimulator trial. The injured worker presents with complex regional pain syndrome of the left lower extremity. Conservative measures including physical therapy, acupuncture, home exercise program, injections and sympathetic nerve blocks have not provided significant improvement. Current medications provide some pain relief but insufficient functional benefit to allow return to work. Psychological clearance is reported. Therefore, this request is medically necessary.