

Case Number:	CM15-0077196		
Date Assigned:	04/28/2015	Date of Injury:	03/21/2006
Decision Date:	05/26/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/22/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 54-year-old male, who sustained an industrial injury on 03/21/2006. The initial complaints or symptoms included low back pain as the result of lifting a heavy pipe. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included conservative care, medications, lumbar spine surgeries (fusion in 2009 and revised laminotomy in 2011), and psychological evaluation. Currently, the injured worker complains of chronic low back pain with left lower extremity pain and a pain rating of 8/10. The diagnoses include intractable low back pain, lumbar disc degeneration, lumbar disc displacement, lumbar radiculopathy, post-surgical lumbar spine, and sciatica. The request for authorization consisted of 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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 105 of 127 regarding spinal cord stimulators.

Decision rationale: This claimant was injured 9 years ago, and has back pain. There have been surgeries and conservative care. There is persistent low back pain. Spinal Cord Stimulators likewise are 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. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. (Mailis-Gagnon-Cochrane, 2004) (BlueCross BlueShield, 2004). Given the evidence is only limited at best, it would not be appropriate to provide a treatment not fully proven to the claimant. The request is not medically necessary.