

Case Number:	CM15-0077871		
Date Assigned:	04/29/2015	Date of Injury:	08/30/2003
Decision Date:	05/29/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/23/2015

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 was a 54-year-old male who sustained an industrial injury on 8/30/03. Injury occurred when his right foot fell through a floor grade, jarring his low back. Records indicated that conservative treatment, including pain medications, epidural steroid injections, and home management, had provided good pain control and functional improvement. The 2/11/15 treating physician report cited persistent moderate to severe low back pain. The pain was described as piercing, shooting, stabbing and throbbing. The symptoms were aggravated by activities, and relieved by heat and pain medication. The injured worker rated the pain at 9/10 without medication and 7/10 with medication. Medications included diazepam, methadone, Motrin and Protonix. Physical exam documented antalgic gait, flatback posture, normal muscle tone, and paraspinal, facet, spinous, gluteal and piriformis tenderness. Straight leg raise was negative bilaterally. There was painful and decreased lumbar range of motion. Neurologic exam was intact. The diagnosis was lumbar spinal stenosis, thoracic or lumbosacral radiculitis, lower back pain, chronic pain due to trauma, chronic lumbar degenerative disc disease, and chronic lumbar spondylolisthesis with myelopathy. The injured worker had an L5/S1 epidural steroid injection on 1/23/15 with 50% pain relief and improved function. He was participating in a pool and home exercise program. The treating physician reported that methadone had been modified for tapering purposes on the recent utilization review and that he had increased pain, decreased function, and some withdrawal signs. He was not a candidate for surgery and had done well with current medications. The injured worker wanted to explore more pain options as he was not tolerating less medication. A spinal cord stimulator trial was discussed. The treatment plan included

psychological screening for MBMD (million behavioral medical diagnostic) study to assess for spinal cord stimulator trial. The 4/9/15 utilization review non-certified the request for psychological screening for MBMD (million behavioral medical diagnostic) study to assess for SCS trial as the injured worker did not meet criteria for a spinal cord stimulator trial, as conservative treatment options did not appear to have been exhausted. The 3/31/15 treating physician report indicated a spinal cord stimulator trial was indicated as an alternative pain modality because he was having all his medications denied and was unable to go below 6 methadone a day, he was not a candidate for surgery, and spinal cord stimulator would be cost-effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych screening exam MBMD to assess candidacy for SCS trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators); Spinal cord stimulators (SCS) Page(s): 101, 105-107.

Decision rationale: The California MTUS recommend psychological evaluations prior to spinal cord stimulator trials. Guidelines 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 not been met for spinal cord stimulator trial. This injured worker has not been diagnosed with failed back syndrome or complex regional pain syndrome. Conservative treatment was documented as effective in the records previously with good pain control and maintenance of functional ability. The current request is predicated on withdrawal of medications. As the associated spinal cord stimulator trial does not meet guideline criteria, this request is not medically necessary.