

Case Number:	CM15-0094615		
Date Assigned:	05/21/2015	Date of Injury:	09/10/2002
Decision Date:	06/22/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female, who sustained an industrial injury on 9/10/02. The injured worker has complaints of low back and right lower extremity pain and left upper flank pain. The documentation noted that there is tenderness in the midline of the lower lumbar spine and tenderness over the left intercostal nerves at approximately T4 through T8. The diagnoses have included degenerative disc disease, thoracic; degenerative disc disease, lumbar and intercostal neuritis. Treatment to date has included left T4 through T8 intercostal nerve block; bilateral L5/S1 (sacroiliac) transforaminal epidural steroid injection on 5/14/15; tramadol; meloxicam; Neurontin; magnetic resonance imaging (MRI) of the thoracic spine dated 12/28/13 impression C7-T1 through T7/8, unremarkable; T8/7, tiny 2 millimeter left paracentral disc protrusion and T9/10 through L2/3, unremarkable and X-rays of the lumbar spine dated 9/13/14 impression degenerative disc disease. The request was for 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 Stimulators (SCS) trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Spinal cord stimulators.

Decision rationale: The claimant sustained a work injury in September 2002 and continues to be treated for radiating thoracic and radiating low back pain. Treatments have included intercostal nerve blocks and bilateral transforaminal epidural steroid injections both referenced as providing significant pain relief. However, the primary treating physician documents that transforaminal epidural injections had not provided any benefit and, if anything, resulted in an increase in radiating pain. She was evaluated for psychological clearance for a spinal cord stimulator trial on 04/17/15 and was determined to be an appropriate candidate for the trial. The claimant has not undergone spinal surgery. Criteria for consideration of a spinal cord stimulator trial include a history of failed back syndrome or complex regional pain syndrome (CRPS) / reflex sympathetic dystrophy (RSD). In this case, neither of these conditions is present and therefore the requested spinal cord stimulator trial is not medically necessary.