

Case Number:	CM15-0097739		
Date Assigned:	05/28/2015	Date of Injury:	07/01/2009
Decision Date:	06/30/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/20/2015

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 61-year-old male who sustained an industrial injury on 7/1/09, relative to cumulative trauma as a firefighter. Past surgical history was positive for a L5/S1 laminectomy on 3/9/93, and L2-S1 anterior/posterior fusion with instrumentation on 4/21/11. He was also status post right hip replacement. The 9/17/14 lumbar CT myelogram impression documented findings consistent with persistent scar tissue at L3/4 and a soft tissue density mass at L4/5 along the right side of the canal causing moderate spinal stenosis and clumping of the right nerve roots. The 11/5/14 neurosurgical note indicated that the injured worker was complaining of some low back pain, but mostly right lower extremity pain worsening over the past 6 months. He had not had any injections since surgery. He was taking hydrocodone and gabapentin. Physical exam documented a Trendelenburg gait when he walked, but otherwise is exam was unchanged. The CT myelogram showed a deformity of the thecal sac on the right at L3 to L5 which appeared to displace the neurological elements toward the left side of the canal. This was either arachnoiditis of severe form or some sort of an extrinsic compression on the thecal sac. The treatment plan opined the medical necessity of epidural steroid injections at L3/4 and L4/5. Revision decompression could be required. Records indicated the injured worker underwent right L3/4 and L4/5 transforaminal epidural steroid injection on 12/18/14. There is no additional documentation relative to response to these injections. On 4/9/15, authorization was requested for an outpatient spinal cord stimulator. The 4/23/15 utilization review non-certified the request for a spinal cord stimulator as there was no current medical evaluation nor sufficient documentation or rationale to support this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator, outpatient: 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 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 not been met. This injured worker presented with worsening low back and right lower extremity pain. Clinical exam findings were not provided. Imaging evidenced nerve root compression at L3 to L5 secondary to a soft tissue mass. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There was no evidence that surgical decompression was not indicated. Additionally, there was no evidence of a psychological clearance. Therefore, this request is not medically necessary.