

Case Number:	CM13-0013386		
Date Assigned:	09/03/2014	Date of Injury:	03/12/2008
Decision Date:	09/23/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/19/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: There were 56 pages provided for review. The request for independent medical review was signed on August 19, 2013. As of August 19, 2013, the claimant continued to have ongoing pain in the low back radiating down both extremities. He has a lumbar post laminectomy syndrome having undergone L4-L5 and L5-S1 interbody fusion in 1993 and later undergoing L3-L4 posterior fusion on August 19, 2012. He still has debilitating back pain. They discussed the use of a spinal cord stimulator as a possible treatment option for his ongoing back pain and the patient was agreeable to a trial. He received psychological clearance from [REDACTED] on October 30, 2012 but the insurance carrier reportedly denied this durable equipment trial. The patient is now agreeable to proceed with surgery in the low back. He also has pain in the neck with associated cervicogenic headaches. A recent Agreed Medical Examiner on May 20, 2013 showed mild cervical myofascial strain, bilateral upper extremity pain, and a failed back syndrome. The assessments again were lumbar post laminectomy syndrome, post fusion in 1993, post L3-4 posterior fusion on August 19, 2010; bilateral lower extremity radiculopathy left greater than right, cervical degenerative disc disease, bilateral ulnar nerve entrapment, and neurologic dysfunction. A trial of a spinal cord stimulator was certified from February 8 to March 22, 2013. There was an attorney e-mail saying that the spinal cord stimulator actually was not authorized, as this was the client's determination. There was a February 8, 2013 notice of determination. They agreed to the spinal cord stimulator but not the cervical disco gram.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL PROVOCATIVE DISCOGRAM LUMBAR SPINAL CORD STIMULATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, Chronic Pain Treatment Guidelines spinal cord stimulators Page(s): 105.

Decision rationale: The Expert Reviewer's decision rationale: Per the MTUS/ACOEM, studies on diskography simply do not support its use as a preoperative indication for either intradiscal electrothermal (IDET) annuloplasty or fusion. It does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. It is not appropriate for this claimant to be assessed by a technique that has such poor support in the MTUS. 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 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 therefore, this request is not medically necessary.