

Case Number:	CM14-0148268		
Date Assigned:	09/18/2014	Date of Injury:	03/06/2002
Decision Date:	10/22/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/11/2014

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 Internal 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 injured worker is a 59-year-old male who reported an injury on 03/06/2002 due to an unknown mechanism. Past treatments were medications and an epidural steroid injection on 04/16/2014. Diagnoses were status post cervical fusion at C3-4; a 4 mm broad-based posterior bilateral intraforaminal C3-4 disc protrusion as per MRI dated 06/05/2012; at the C6-7, a 3 mm left intraforaminal C6-7 disc protrusion as per the MRI dated 06/05/2012; lumbar discogenic pain syndrome; status post L5-S1 lumbar surgery; there was a mild broad right apical curvature, there was mild loss or lordosis, there was disc degeneration and narrowing worse in the mid lumbar spine with spondylosis; at the L3-4, there were somewhat short pedicles with posterior element hypertrophy, there was a 4 mm broad left foraminal protrusion abutting and displacing the left L3 nerve in the moderately stenotic neural foramen, the central canal was mild to moderately stenotic; at L4-5, there were short pedicles, there was a 4 mm broad left foraminal bulge or protrusion that abutted and displaced the exiting left L4 nerve in the moderately stenotic neural foramen, there was moderate central canal stenosis; at L2-3, there was a 2.2 mm bulge with mild to moderate central and neural foraminal stenosis; bilateral lower extremity radiculopathy; and left hip labrum tear. Physical examination on 05/14/2014 revealed complaints of persistent neck, mid back, and low back pain, as well as left hip pain. The injured worker rated the cervical pain at a 6/10. Thoracic spine pain was a 6/10 and lumbar spine pain was an 8/10. The examination of the cervical spine revealed limited range of motion. There was tenderness to palpation noted over the trapezius and paravertebral muscles bilaterally. The examination of the lumbar spine revealed limited range of motion. There was tenderness noted over the paraspinal muscles bilaterally, left greater than right. Kemp's test was positive bilaterally. Straight leg raise test was positive on the right at 70 degrees with pain that radiated down to the right posterior thigh and on the left at 60 degrees with pain that radiated down to the

left posterior thigh. Sensation was normal on the right and decreased on the left at the L4, L5, and S1 nerve distribution. Recommendations were for a Spinal cord stimulator. Medications were not reported. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SPINAL CORD STIMULATOR TRIAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (CHRONIC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-106.

Decision rationale: The request for 1 spinal cord stimulator trial is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that implantable spinal cord stimulators are rarely used and should be reserved for injured workers for low back pain for more than 6 months' duration who has not responded to standard nonoperative or operative interventions. Indications for the use of stimulator implantation are failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury dysesthesias, and pain associated with multiple sclerosis as well as peripheral vascular disease. The guidelines recommend spinal cord stimulators for injured workers who have undergone at least 1 previous back operation and who are not a candidate for repeat surgery with symptoms of primarily lower extremity radicular pain, a psychological clearance, no current evidence of substance abuse issues, and no contraindications to a trial. Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after the temporary trial period. The documentation has evidence of failed back surgery and failed conservative treatment. There is a lack of physical exam findings. However, the included medical documents lack evidence of a psychological clearance, indicating realistic expectations and clearance for the procedure, and there is no current evidence of addressing substance abuse issues. As such, this request is not medically necessary.

1 PRE-OP MEDICAL CLEARANCE W/ LABS, X-RAY, & EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

