

Case Number:	CM14-0172903		
Date Assigned:	10/23/2014	Date of Injury:	11/07/2005
Decision Date:	11/25/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/20/2014

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 (IW) is a 53-year-old man with a date of injury of November 7, 2005. The mechanism of injury was not provided in the medical record for this review. A progress report dated January 17, 2014 indicated that the IW complained of low back pain with shooting pain to the right leg along the L5 dermatome. Pain remained unchanged from last visit. Physical examination revealed lumbar tenderness, decreased range of motion, reflexes were diminished on left patellar and Achilles were zero, poor toe/heel walk, and positive straight leg raise on the right at 70 degrees. Examination was unchanged from previous visit. Diagnoses included lumbago, and thoracic or lumbosacral neuritis or radiculitis, unspecified. Current medications included Norco, Nortriptyline, and, Lyrica. The recommendations were for Toradol injection and a spinal cord stimulation (the IW was not interested and not a candidate for it), and controlled medications. A progress note dated October 1, 2014 indicated that the IW reported back pain had been aggravated lately, but no change in pain. There was no significant change in physical examination. The recommendations were for Toradol injection, urine drug screen, a lumbar spinal cord stimulator, continued Norco and Nortriptyline, and discontinue Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter, Spinal Cord Stimulation

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Spinal Cord Stimulation (SCS) is not medically necessary. The guidelines state SCS is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. There is some supporting evidence for the use of SES for failed back surgery syndrome and other selected chronic pain conditions. In this case, the injured worker sustained an injury on November 7, 2005. Current diagnoses were lumbago, thoracic or lumbosacral neuritis or radiculitis, unspecified. Current medications were Norco and nortriptyline. There was lumbar tenderness decreased range of motion. Review of the record disclosed a facet joint injection in July 2010 and September 2013. There is no evidence of failed physical therapy, a home exercise program or recent epidural steroid injections. Consequently, SES is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, spinal cord stimulation is not medically necessary.