

Case Number:	CM13-0006340		
Date Assigned:	06/06/2014	Date of Injury:	08/22/2003
Decision Date:	07/28/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/02/2013

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 Physical Medicine and Rehabilitation 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 63-year-old male who reported injury on 08/22/2003. The injured worker underwent an L4-5 laminectomy and discectomy on 12/05/2003 and a removal of hardware on 05/25/2006. The specific mechanism of injury was not provided. The documentation of 08/12/2013 revealed the injured worker had been approved for a psychological evaluation for the spinal cord stimulator. The diagnoses included failed low back pain syndrome with continued multimodality pain, lumbar facet osteoarthritis confirmed by MRI, situation was impression and lumbar radiculopathy. The treatment plan included consideration of either epidural steroid injections or a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSEPECTIVE REQUEST FOR 1 SPINAL CORD STIMULATOR TRIAL BETWEEN 6/1/2013 AND 9/23/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , SPINAL CORD STIMULATORS (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator, page(s) 101, 105-107 Page(s): 101, 105-107.

Decision rationale: The California MTUS Guidelines recommend psychological evaluations prior to spinal cord stimulator implant. Spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed and/or contraindicated for specific conditions following a successful trial. The indications for a stimulator implantation include failed back syndrome. The clinical documentation submitted for review indicated the injured worker was scheduled for a psychological consultation; however, there was lack of documentation indicating the injured worker was cleared by psychological evaluation for a spinal cord stimulator trial. Given the above, the prospective request for a spinal cord stimulator trial between 06/01/2013 and 09/23/2013 is not medically necessary.