

Case Number:	CM13-0014382		
Date Assigned:	12/27/2013	Date of Injury:	08/10/2007
Decision Date:	04/04/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery, 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 physician 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 patient is a 50 year old male who reported an injury on 08/10/2007 after loading and pushing crates that caused a sudden onset of low back pain. The patient ultimately underwent lumbar fusion at the L5-S1 followed by revision and left L4-5 microdiscectomy. The patient's treatment history included physical therapy, epidural steroid injections and surgical intervention without significant benefit. The patient's current treatments included cognitive behavioral therapy and multiple medications. The patient's most recent clinical examination findings documented significant low back pain radiating into the bilateral lower extremities with decreased sensation in the right L4-5 and left S1 dermatomes with a positive bilateral straight leg raising test. The patient's diagnoses included degeneration of the lumbar discs, major depressive disorder recurrent episodes, chronic pain, and lumbar disc displacement without myelopathy. The patient's treatment plan included continuation of medications, continuation of cognitive behavioral therapy, and the recommendation for a spinal cord stimulator trial was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator with Medtronic, dorsan column stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators and psychological evaluations Page(s): 105,101.

Decision rationale: The requested spinal cord stimulator with Medtronic dorsal column stimulator trial is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has failed to respond to multiple surgical interventions and conservative treatments and has continued pain and radiculopathy. The MTUS Chronic Pain Guidelines do support a spinal cord stimulator trial for patients who have exhausted all surgical and conservative interventions in the management of low back pain. However, the MTUS Chronic Pain Guidelines do recommend psychological clearance prior to a spinal cord stimulator trial. The clinical documentation submitted for review does indicate that the patient underwent a psychological evaluation to establish the appropriateness of a spinal cord stimulator trial for this patient; however, results from a psychological evaluation were not submitted for review. Therefore, the appropriateness of the trial of the spinal cord stimulator treatment cannot be determined. As such, the requested spinal cord stimulator with Medtronic, dorsal column stimulator trial is not medically necessary and appropriate.

Electronic analysis of pump: 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.

Fluoroscopic guidance: 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.

IV Sedation: 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.

Trial Lead E0752 x8: 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.