

Case Number:	CM13-0015947		
Date Assigned:	10/11/2013	Date of Injury:	06/16/1986
Decision Date:	01/24/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/23/2013

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 and is licensed to practice in New Hampshire, New York, and Washington. 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 64-year-old injured worker with the date of injury of June 16, 1986. At issue is whether a spinal cord stimulator is medically necessary. The patient reports continued low back pain with paraspinal spasms and radicular pain. There is poor pain relief with conservative treatment and significantly decreased amount of physical activity due to pain. On physical examination, the patient presented with decreased sensation on the lateral and bottom aspect of both feet, decreased ankle flexion, and decreased motor strength on the right side. There is persistent paraspinal muscle spasm and increased muscle tone in the lumbosacral region. There is positive straight leg raising on the right side. The patient was diagnosed with post-laminectomy syndrome. The patient was also diagnosed with chronic lumbar radiculitis. MRI of the lumbar spine from January 2012 revealed ankylosis with grade 3 anterolisthesis of L5 on S1. There is severe right foraminal narrowing at L5-S1. There is mild multilevel degenerative disc condition especially at 3-4. The patient had radiofrequency ablation October 2012 which provided 70% overall pain relief with 50% relief of low back pain. However, documentation noted that the patient had continued to complain of significant pain and there was not an increase in activity despite the injection therapy. The patient also had exercise programs and treatment medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 spinal cord stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, for spinal cord stimulator use have not been met. The documentation provided noted that the patient had relief with radiofrequency ablation. Guidelines also note that prior spinal cord stimulator trial, psychological evaluations are absolutely recommended prior to spinal cord stimulator placement. In this case, documentation does not reveal a psychological evaluation for spinal cord stimulator use was done. The request for one spinal cord stimulator is not medically necessary and appropriate.