

Case Number:	CM13-0021492		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2010
Decision Date:	02/19/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/09/2013

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 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 claimant is a 45-year-old female who sustained an injury to her low back in a work related accident on March 1, 2010. The clinical records contained a recent August 12, 2013 progress report stating the claimant had continued low back pain with radiating pain for a diagnosis of stenosis and failed back syndrome. She was noted to be status post two prior lumbar fusions; one in 2011 and the second in December of 2012. It was documented that the claimant continued with pain and discomfort and failed a recent course of conservative care. Based upon her ongoing complaints and current diagnosis a spinal cord stimulator trial was recommended as further treatment for her chronic pain complaints. There is also request for an MRI scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial with [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101,105-107. Decision based on Non-MTUS Citation ODG (Pain Chapter)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, spinal cord stimulator trial would appear warranted. The claimant has a diagnosis of failed low back syndrome with failed conservative therapy, continued subjective and objective radicular complaints. Trial of a spinal cord stimulator would appear medically necessary at this time.

MRI with and without contrast, for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation ODG (Low Back Chapter)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: Based on California ACOEM Guidelines, an MRI scan would not be indicated. The claimant's diagnosis appears to be well documented with no indication for the acute need of further imaging of the lumbar spine for diagnostic purposes. This specific request in this case would not be indicated.