

Case Number:	CM13-0025237		
Date Assigned:	12/11/2013	Date of Injury:	03/23/2009
Decision Date:	02/06/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/16/2013

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 Pennsylvania. 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 48-year-old female with an injury date of 03/23/09. Records suggest the patient underwent a previous lumbar decompression and fusion at L4-5 and has persistent leg pain. The patient failed treatment with an epidural injection as well as physical therapy and medications. A spinal cord stimulator trial has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective 1 Spinal cord Stimulator Trial for the Lumbar Spine (Outpatient): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Section.

Decision rationale: The Physician Reviewer's decision rationale: The requested spinal cord stimulator trial may be reasonable and meets appropriate California MTUS Guidelines. It was previously denied on the basis of a lack of documentation of attempt to treat with neuropathic medications. California MTUS Guidelines, to my knowledge, do not specifically require treatment with neuropathic medications. The patient has attempted other medications, therapy, and an epidural injection. The patient meets the diagnosis of failed back syndrome as the patient

had a previous fusion and the patient has predominantly lower extremity pain complaints. The patient, therefore, appears to meet appropriate guidelines for a spinal cord stimulator trial based on the information reviewed and guidelines with respect to a stimulator trial.