

Case Number:	CM13-0026644		
Date Assigned:	03/26/2014	Date of Injury:	09/30/2008
Decision Date:	08/28/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/20/2013

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 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 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 patient is a 54-year-old gentleman who sustained an injury to the low back in work-related accident on 09/30/08. The clinical records provided for review document a current diagnosis of chronic low back pain with lower extremity radiculitis, anxiety and depression and a past surgical history of lumbar fusion with failed back syndrome. Records indicate the claimant had a spinal cord stimulator trial with good improvement of greater than 50 percent based on the clinical note dated 08/22/13. There is unfortunately no documentation of psychological clearance available for review. At last clinical assessment of 08/22/13, the permanent implementation of spinal cord stimulator was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

P2P 9/10/13 SPINAL CORD STIMULATOR PLACEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Spinal; Cord Stimulators, Indications for stimulator implantation.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for permanent implementation of a stimulator cannot be supported. Although the claimant saw good resolve of symptoms with a trial of a spinal cord stimulator, the medical records also document a diagnosis of anxiety and depression. The medical records do not document that the claimant has undergone psychological clearance has been noted. Without documentation of psychological clearance, the request for permanent spinal cord stimulator placement with chronic pain complaints as well as underlying history of depression and anxiety disorder would not be supported.