

Case Number:	CM13-0026855		
Date Assigned:	02/05/2014	Date of Injury:	12/29/2003
Decision Date:	04/22/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/19/2013

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, 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 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 46-year-old male who reported an injury on 12/29/2003. The mechanism of injury was not provided in the medical records. The patient is diagnosed with post laminectomy syndrome of the lumbar spine, bilateral lower extremity radiculopathy, status post lumbar fusion, and reactionary depression/anxiety. His symptoms are noted to include ongoing and debilitating pain in his lower back with radiation down both lower extremities. His physical examination findings include tenderness to palpation along the posterior lumbar musculature bilaterally, decreased range of motion, and decreased sensation along the L5-S1 distribution in his bilateral lower extremities. It was noted that the patient had previously had a trial of a lumbar spinal cord stimulator on 01/04/2010, which did provide significant relief of his symptoms. However, it was noted that he was not ready to proceed with a permanent implantation at that time. Since his previous spinal cord stimulator trial, the patient's symptoms have steadily worsened, and he has agreed to proceed with a re-trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL CORD STIMULATOR TRIAL: 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 Page(s): 105-107 AND PAGE 101..

Decision rationale: According to the California MTUS Guidelines, a spinal cord stimulator trial may be recommended for failed back syndrome. However, the guidelines require a psychological evaluation prior to a spinal cord stimulator trial. The clinical information submitted indicates that the patient does have persistent symptoms and a diagnosis of failed back syndrome. It was also noted that he had undergone a psychological evaluation on 08/12/2013, and received clearance. However, the psychological evaluation report was not provided within the medical records submitted for review. In the absence of confirmation of medical clearance following a psychological evaluation, the request for a spinal cord stimulator is not supported.