

Case Number:	CM13-0027103		
Date Assigned:	01/03/2014	Date of Injury:	11/17/2008
Decision Date:	03/27/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 43-year-old female who reported injury on 11/17/2008. The mechanism of injury was a slip and fall. The patient underwent a psychiatric evaluation on 09/05/2013, which revealed the patient would require ongoing psychiatric and psychological support indefinitely. The patient's diagnoses from the evaluation included depressive disorder not otherwise specified and a global assessment of functioning score of 60. The patient underwent an emergency lumbar decompression at L3-5 on 08/31/2011. The patient wore an AFO for foot drop and used a motorized wheelchair. The most recent documentation dated 01/13/2014 revealed that the patient had developed a debilitating neurogenic bladder, significant neuropathic pain in her extremities, as well as saddle anesthesia, and bilateral foot drop. The most recent evaluation revealed the physician opined the patient should have a trial of a spinal cord stimulator. The patient's diagnosis was cauda equina syndrome with neurogenic bladder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Spinal Cord Stimulator Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Implantation..

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

Decision rationale: California MTUS Guidelines recommend a spinal cord stimulator in cases when less invasive procedures have failed or are contraindicated, for patients who have failed back syndrome, and who have undergone a psychological evaluation to clear them for a spinal cord stimulator. Clinical documentation submitted for review indicated the patient underwent a psychological evaluation. However, there was a lack of documentation the patient was psychologically cleared for a spinal cord stimulator trial. The submitted request failed to indicate the duration for the spinal cord trial. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for an outpatient spinal cord stimulator trial is not medically necessary.