

Case Number:	CM13-0030834		
Date Assigned:	11/27/2013	Date of Injury:	09/21/2000
Decision Date:	08/01/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/01/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 47-year-old male who was reportedly injured on September 21, 2000. The mechanism of injury was stated to be a 15 foot fall. The most recent progress note, dated July 2, 2013, indicated that there were ongoing complaints of low back pain, right lower extremity pain, right hip pain, and right foot pain. Current medications were stated to include Fentanyl, Oxycodone, Lyrica, and Cymbalta. The physical examination demonstrated an antalgic gait with a right sided limp. There was weakness of the right lower extremity and decreased sensation in the toes bilaterally. Diagnostic imaging studies objectified degenerative annular disc bulging from L2 through S1 with annular tears at L3-L4, L4-L5 and L5-S1 with a central disc protrusion at L5-S1, and a left paracentral disc protrusion at L4-L5. Previous treatment included epidural steroid injections. A request was made for a spinal cord stimulator trial and was not certified in the pre-authorization process on September 16, 2013.

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 Low Back.

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

Decision rationale: A spinal cord stimulator is only recommended for select patients where less invasive procedures have failed or are contraindicated and only for certain conditions including failed back surgery syndrome. The injured employee has not had a prior lumbar spine surgery nor was there any mention of all previous conservative treatments rendered and their efficacy. For these reasons, this request for a spinal cord stimulator trial is not medically necessary.