

Case Number:	CM13-0035537		
Date Assigned:	12/13/2013	Date of Injury:	04/29/2011
Decision Date:	02/13/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/17/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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 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 46 year old woman who sustained a work related injury on April 29 2011. She subsequently developed chronic back pain despite back surgery, lower extremities pain and myofascial strain. She was treated with conservative therapies and epidural injections without pain resolution. She underwent a neuropsychiatric evaluation for work up for spinal stimulator and a treatment for depression was recommended. The patient was diagnosed with severe depression insomnia and post laminectomy syndrome. The provider requested authorization for spinal cord stimulator trial for post laminectomy syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator (SCS) trial for lumbar spine: 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 Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to the MTUS guidelines, transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no

evidence that a functional restoration program is planned for this patient. Furthermore, there no clear documentation about neuropsychiatric clearance. The patient was reported to suffer from severe depression. A documentation of response to psychiatric management should be provided. Therefore, the requested SCS trial for lumbar spine is not medically necessary or appropriate at this time.