

Case Number:	CM13-0038671		
Date Assigned:	12/18/2013	Date of Injury:	12/01/2008
Decision Date:	02/14/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/01/2013

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 46-year-old male who reported an injury on 12/01/2008. The mechanism of injury was not provided. The patient was noted to have been treated with an epidural steroid injection, lumbar spine surgery, facet joint injection, radiofrequency lesioning, and lumbar discogram with transient pain relief. The patient was noted to have taken opioid medications in the past; however, as the patient was positive for methamphetamine, the opioid was discontinued. The patient was noted to be on naproxen, Protonix, Neurontin, and Paxil. It was indicated the patient had seen a psychologist at the functional restoration program. The patient's diagnoses were noted to include failed back surgery syndrome and postlumbar laminectomy syndrome. The request was made for a spinal cord stimulator trial for 1 week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial for one week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation and Official Disability Guidelines, Pain Chapter and Mental Illness & Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS), Psychological evaluations Page(s): 106, 107 & 101.

Decision rationale: California MTUS Guidelines recommend spinal cord stimulators for patients who have failed at least 1 previous back surgery; however, it further recommends a psychological evaluation prior to the implantation of the spinal cord stimulator to clear the patient for spinal cord stimulator trial and placement. The clinical documentation while indicating the patient had treatment with a psychologist at the functional restoration program, however, it failed to provide the examination note and it failed to provide documentation that the patient was psychologically cleared for the spinal cord stimulator trial. Given the above, the request for spinal cord stimulator trial for 1 week is not medically necessary.