

Case Number:	CM13-0040576		
Date Assigned:	06/20/2014	Date of Injury:	02/23/1993
Decision Date:	08/06/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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 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:

71y/o female injured worker with date of injury 2/23/93 with related low back pain. Per 5/27/14 progress report, she also reported radicular symptoms. Per physical exam, severe pain with flexion, extension, and lateral bending of the neck radiating to the left shoulder; and severe pain with flexion and extension of the lumbar spine were noted. She is status post lumbar laminectomy (date unknown). She did not want to pursue further surgical treatment. Her diagnoses include intractable lumbar back pain and post laminectomy syndrome. MRI of the lumbar spine dated 11/10/12 revealed spinal stenosis. Treatment to date includes physical therapy, injections, brace, and medication management. The date of UR decision was 10/11/13.

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 SPINAL CORD STIMULATORS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators, page(s) Page(s): 105-106. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Spinal Cord Stimulators.

Decision rationale: With regard to spinal cord stimulators, the MTUS CPMTG states that they are only recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar due to potential complications and limited literature evidence. Review of the submitted documentation reveals that psychological clearance was not obtained. As the criteria for stimulator implantation is not met, the request is not medically necessary.

PAIN PSYCHOLOGY AND EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS Page(s): 101.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27, Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS Page(s): 101.

Decision rationale: Per MTUS CPMTG with regard to psychological evaluations: Recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. The request is medically necessary to determine whether the injured worker is a candidate for SCS trial. There is evidence of other radicular symptoms which may still warrant SCS thus, the request is medically necessary.