

Case Number:	CM13-0041337		
Date Assigned:	12/20/2013	Date of Injury:	03/24/2002
Decision Date:	02/06/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/14/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 38-year-old male who reported an injury on 03/24/2002 when the patient reportedly sustained an injury to the low back after lifting a patient while performing normal job duties as an Emergency Medical Technician. The patient was status post failed lumbar laminectomy. The patient continued to have chronic low back complaints with radiculopathy. The patient's most recent clinical evaluation included restricted lumbar range of motion secondary to pain, a slow, painful gait, and lower extremity weakness. The patient's diagnoses included lumbar radiculopathy. The patient's treatment plan included referral to a surgeon to evaluate whether the patient was a surgical candidate, a spinal cord stimulator trial, and continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The requested trial of spinal cord stimulator is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously failed to respond to surgical intervention. California Medical Treatment

Utilization Schedule recommends a trial of spinal cord stimulator after the patient has exhausted all lesser treatments to include any additional back surgery. Additionally, California Medical Treatment Utilization Schedule recommends the patient undergo psychological evaluation to assess the likeliness of a positive outcome of a spinal cord stimulator trial. The clinical documentation submitted for review does not provide any evidence that the patient has exhausted all surgical potentials and there is no documentation that the patient has undergone a psychological evaluation to determine the patient's tendency to have a positive outcome to this treatment modality. As such, the requested trial of a spinal cord stimulator is not medically necessary or appropriate. .