

Case Number:	CM13-0043100		
Date Assigned:	12/27/2013	Date of Injury:	11/15/2010
Decision Date:	03/05/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/30/2013

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, has a subspecialty in Interventional Spine 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 53 year old male with a date of injury of 11/15/2010. The listed diagnoses per [REDACTED] dated 09/30/2013 are lumbar spine post laminectomy syndrome with bilateral lower extremity radiculopathy, status post L4-L5 and L5-S1 anterior posterior interbody fusion with subsequent revision for dislodged interbody graft, persistent diarrhea and status post six days of IV antibiotics (May 2012) Medication -induced gastritis/GERD. According to report dated 09/30/2013 by [REDACTED], patient presents with increased pain in his lower back which radiates down to both lower extremities. He rates his pain 8/10 in intensity. The physical examination of the lumbar spine revealed, obvious stiff antalgic gait favoring the left lower extremity. There is tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region. There are trigger points and taut bands with tenderness to palpation noted throughout. The sensory exam reveals decreased sensation in the posterior lateral thigh and lateral calf bilaterally. The straight left raise in the sitting position is positive bilaterally; on left at 30 degrees and right at 45 degrees. The provider states the patient is not interested in further surgical intervention and is agreeable to proceed with a trial of spinal cord stimulation. It was noted that patient was cleared to proceed with the trial stimulator by [REDACTED], clinical psychologist, on evaluation dated 09/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

One trial of a spinal cord stimulator: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation Section, pages 105-107 Page(s): 105-107.

Decision rationale: This patient is status post two failed lumbosacral surgeries without relief of back or radiculopathy pain. The provider is requesting a trial spinal cord stimulator. The utilization review dated 10/23/2013 denied request stating, "It is unclear from the submitted reports if the patient had any non-interventional care after his latest surgery on 05/02/2012 such as physical therapy and injections." Under Spinal Cord Stimulation MTUS guidelines, pages 105-107 states spinal cord stimulations is "recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful temporary trial." In this case, as documented on report dated 09/30/2013, patient suffers from lumbar post laminectomy syndrome and has failed more than 6 months of physiotherapy, injections and medications. In addition, this patient had psychological clearance and no further psychological intervention has been recommended. The patient has failed 2 back surgeries with continued pain which radiates down to both lower extremities and positive SLR and "is not a candidate for further more-invasive surgery." The requested trial spinal cord stimulator is medically necessary and recommendation is for approval.