

Case Number:	CM13-0044403		
Date Assigned:	05/21/2014	Date of Injury:	02/24/1997
Decision Date:	07/11/2014	UR Denial Date:	09/30/2013
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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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:

The progress notes presented for review indicate this is a 68 year old female who was injured on February 24, 1997. There are ongoing complaints of right sided lumbar and left leg pain. Pain management interventions in the former several injections are noted. The pain level was described as 8/10. Enhanced imaging studies noted changes consistent with a lumbar fusion. Multiple medications were prescribed. A radiofrequency ablation was completed in April 2013. The notes reflect the injured worker continues to have significant low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

IMPLANT FOR SPINAL CORD STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101,107. Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105.

Decision rationale: The standards outlined in the MTUS Chronic Pain Guidelines indicate a spinal cord stimulator to require careful counseling and patient identification, maximization of all conservative measures, and a trial that demonstrates at least 50% pain relief. Based on the progress note presented for review, these criteria are not met. It is noted that a lumbar surgery

was completed and the injured employee is not a candidate for additional surgery. However, the spinal cord stimulator is more effective in those with leg pain as opposed to low back pain and this low back pain appears to be the presenting complaint. Therefore, the request is not medically necessary and appropriate.