MAXIMUS Federal Services

Case Number:	CM13-0044900		
Date Assigned:	12/27/2013	Date of Injury:	08/26/2003
Decision Date:	03/07/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Florida and Maryland. 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 57-year-old female with a date of industrial injury of 08/26/03. According to a clinic note on 09/16/13, there was mention of the patient having low back and left lower extremity pain. The records also documents that the patient had previous lumbar anterior fusion with posterior instrumented fusion in March 2012 and that the patient was on medications for pain. Also per 09/16/13 note, there was mention of straight leg raising positive on the left side and otherwise, physical examination was unremarkable including sensory and motor examinations being unremarkable and deep tendon reflexes equal and symmetric bilaterally. The previous imaging had revealed degenerative lumbar disease and lumbar spondylosis and anterior lumbar inter-body fusion at l4-LS and LS-Sl. Also per 09/16/13 note, the treatment plan included a spinal cord stimulator trial and that the patient has failed conservative therapy with physical therapy and pain medication. The patient was not interested in further surgical intervention. It was noted that the implantation of epidural spinal cord leads as part of the spinal cord stimulation trial should be done and if effective, then to do a permanent implantation of the spinal cord stimulator. An adverse determination is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implantation of epidural spinal cord leads as part of SCS trial: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Section Page(s): 38. Decision based on Non-MTUS Citation TWC-Pain(Chronic)(Updated 1/7/2014)Spinal cord stimulators (SCS).

Decision rationale: Spinal cord stimulators according to the California MTUS are recommended for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below and following successful temporary trial. In this patient there is no documentation that the patient has failed less invasive attempts to address the patient's pain coping skills such as psychotherapy. The patient had surgery, physical therapy and pain medications and continues to have pain. There is no psychological evaluation that support that the patient is an appropriate candidate of spinal cord stimulator. Also the guideline requires that spinal stimulation treatment should be offered after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. Since the spinal cord stimulator is not considered appropriate for this patient, the leads for the trail are not medically indicated