

Case Number:	CM13-0049311		
Date Assigned:	12/27/2013	Date of Injury:	09/16/2008
Decision Date:	04/30/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/07/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 59 year old man who sustained a work related injury on September 16 2008. According to a note dated on October 11 2013, the patient was complaining of back pain radiating to both lower extremities. The patient physical examination demonstrated lumbar tenderness with reduced range of motion. The patient failed physical therapy, pain medications and epidural injections. The provider requested authorization for spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous spinal cord stimulator: 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 Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MTUS guidelines, spinal cord stimulator is recommended: 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. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I,

more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain>. Prior to spinal neurostimulator implantation, the patient should have a psychological evaluation and clearance from drug abuse. There is evidence that the patient was cleared psychologically and from drug abuse. There is no clear evidence that the patient underwent multidisciplinary rehabilitation approach and psychological evaluations. Therefore, the request for percutaneous spinal cord stimulator is not medically necessary