

Case Number:	CM13-0050271		
Date Assigned:	12/27/2013	Date of Injury:	06/14/2006
Decision Date:	03/11/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/11/2013

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 and is licensed to practice in Maryland, Oklahoma, and Texas. 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 54-year-old male who reported a work-related injury on 06/14/2006. The specific mechanism of injury was not stated. The patient presents for treatment of chronic intractable low back pain, lumbar radiculopathy, and depression. The clinical notes document the patient has been recommended to undergo a spinal cord stimulator placement. The clinical note dated 11/26/2013 reports the patient was administered the following medications: MS Contin, Hydrocodone, carisoprodol, omeprazole, gabapentin, Lidoderm patches, and orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuromonitoring During Placement of 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 Page(s): 107.

Decision rationale: The current request is not supported. A review of the current clinical notes submitted did not evidence the patient has been approved for placement of a spinal cord stimulator. The patient presents for treatment of the following diagnoses: chronic intractable

low back pain, lumbar radiculopathy, and depression. Per California MTUS, spinal cord stimulator implantation is supported for failed back syndrome, complex regional pain syndrome, post amputation pain, post herpetic neuralgia, spinal cord injury, pain associated with multiple sclerosis, and peripheral vascular disease. A review of the clinical notes submitted for this request does not evidence that the patient has failed with prior surgical interventions about the lumbar spine. Therefore, the current request would not be indicated. Additionally, the Official Disability Guidelines indicate intraoperative neurophysiological monitoring is recommended during spinal or intracranial surgeries when such procedures have a risk of significant complications that can be detected and prevented through use of neurophysiological monitoring. Given all the above, the request for Neuromonitoring During Placement of Stimulator is neither medically necessary nor appropriate.