

Case Number:	CM13-0053084		
Date Assigned:	12/30/2013	Date of Injury:	02/01/2007
Decision Date:	03/11/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/23/2013

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 Spine Surgery, and is licensed to practice in New York. 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:

Patient is a 40 year old female with the date of injury of February 1, 2007. At issue is whether percutaneous spinal cord stimulator trial and psychological evaluation for spinal cord stimulator are medically necessary at this time. The patient has chronic back pain, leg and hip pain, and describes numbness and saddle anesthesia. Physical exam demonstrates decreased deep tendon reflexes at the Achilles and decreased pinprick sensation at right S1-1 left L4. There is tenderness over the lumbar spine at the L4-5 region. Range of motion causes pain with flexion extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

one percutaneous spinal cord stimulator trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators.

Decision rationale: This patient is not appropriate candidate for the use of spinal cord stimulator. The patient does not meet criteria for use of the spinal cord stimulator. Guidelines indicate a trial for spinal cord stimulator for select Russo patient's including failed back pain

syndrome, complex regional pain syndrome, post amputation, postherpetic neuralgia, spinal cord injury, multiple sclerosis and peripheral vascular disease. I reviewed the patient's medical records which indicate that the patient has degenerative disc condition at L4-S1. The patient is not suffering from failed back syndrome, complex regional pain syndrome, post amputation, postherpetic neuralgia, spinal cord injury multiple sclerosis, or peripheral vascular disease. Established guidelines do not recommend use of spinal cord stimulator for patients with chronic low back pain as a result of degenerative disc condition. Therefore, a request for percutaneous spinal cord stimulator trial is not medically necessary.

pain psychology clearance for spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators and psychological evaluations..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators.

Decision rationale: Because the spinal cord stimulator trial is not medically necessary, therefore, the psychological clearance required for the spinal cord stimulator is not medically needed. The patient does not meet established criteria for spinal cord stimulator.