

Case Number:	CM13-0053159		
Date Assigned:	01/15/2014	Date of Injury:	07/28/2009
Decision Date:	03/27/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery, and is licensed to practice in 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 50-year-old male who reported an injury on 07/28/2009. The mechanism of injury was not specifically stated. The patient is diagnosed as status post revision anterior/posterior spinal fusion and cervical spondylosis with moderate to severe foraminal stenosis. The patient was seen by [REDACTED] on 09/19/2013. The patient reported no change in symptoms, to include severe lower back pain with radiation to bilateral lower extremities. The patient reported improvement following a spinal cord stimulator trial and expressed wishes to undergo permanent placement. Physical examination revealed moderately restricted cervical and lumbar spine range of motion. Motor and sensory function of the upper extremities and lower extremities was grossly intact. Treatment recommendations included a thoracic laminectomy for spinal cord stimulator placement and generator placement, as well as a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator and General Implantation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 106-107.

Decision rationale: California MTUS Guidelines state spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications include failed back syndrome, CRPS, post-amputation pain, postherpetic neuralgia, spinal cord dysesthesia, pain associated with multiple sclerosis, and peripheral vascular disease. As per the documentation submitted, the patient has previously undergone a spinal cord stimulator trial. However, documentation of objective measurable improvement was not provided. Without evidence of functional improvement following the initial trial, permanent implantation cannot be determined as medically appropriate. There is also no information regarding a psychological evaluation. Based on the clinical information received, the request is non-certified.

Preoperative Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 106-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.