

Case Number:	CM13-0053892		
Date Assigned:	12/30/2013	Date of Injury:	07/31/2012
Decision Date:	03/19/2014	UR Denial Date:	10/22/2013
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, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in Texas and 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 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 injury on 07/31/2012. The patient was noted to have soreness in his low back, following loading a truck when lifting a manual dock from the trailer. The patient was noted to have lifted a ramp weighing approximately 50 pounds at the job. The patient was noted to undergo a transpedicular approach with the compression of the spinal cord equina nerve root and a single segment lumbar right L4, osteotomy of the spine posterior and posterolateral approach 1 vertebral segment lumbar bilateral L4 and bilateral L5; a laminectomy, facetectomy, and foraminotomy with decompression of the cauda equina and nerve root lumbar L4 and L5; and neuroplasty of the lumbar plexus. The surgery was noted to have been performed on 10/09/2012. The patient was noted to have left leg radiating pain and significant weakness postoperatively. The patient was noted to have persistent significant pain, left leg radiating pain symptoms, and weakness. The patient was noted to have residual right leg numbness. The patient was noted to have developed symptoms of metatarsalgia bilaterally as a result of an abnormal gait. The patient was noted to have a sciatic nerve root tension test elevation on the left with positive sciatic notch tenderness, Lasegue's, bowstring, and straight leg raise. Movements of the lumbar spine were noted to be limited, and pain was noted to be especially in flexion. There was noted to be moderate hypoesthesia in the left L4-S1 dermatome. There was noted to be 4/5 weakness diffusely in the left leg. X-ray studies were noted to reveal transitional anatomy, left L5 hypertrophic traverse process with pseudo joint of the sacrum, with disc space narrowing at L4-5 and L5-S1 with laminectomy defect. The patient was noted to not have improved with surgery. The patient was underwent a comprehensive psychological evaluation on 12/05/2013, where the physician opined the patient had demonstrated an understanding of the procedure and the risks and potential benefits, and was psychologically

cleared to proceed. The request was made for a spinal cord stimulator trial. The patient's diagnosis was noted to include failed back syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Overturned

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

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

Decision rationale: California MTUS Guidelines indicate that spinal cord stimulators are recommended for selected patients in cases when less invasive procedures have failed and following a successful temporary trial. The patient should undergo a psychological evaluation prior to the trial. Indications for a stimulator implant include failed back syndrome. The patient failed less invasive procedures including therapy, rest and medications and had continued pain radiating into the right leg and new left leg pain with significant weakness. The patient underwent a psychological evaluation and was cleared to proceed with the spinal cord stimulator trial. Given the above, the request for spinal cord stimulator trial is medically necessary.