

Case Number:	CM13-0055902		
Date Assigned:	12/30/2013	Date of Injury:	06/20/2003
Decision Date:	05/02/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine and Rehabilitation, 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:

The injured worker is a 37-year-old male who reported an injury on 06/20/2003. The mechanism of injury was not stated. The injured worker is diagnosed with chronic lumbar radiculopathy. The injured worker was seen by [REDACTED] on 10/11/2013. The injured worker reported persistent lower back pain with right lower extremity weakness. Physical examination was not provided. Treatment recommendations included a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL CORD STIMULATOR TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 105-107.

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, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis, and peripheral vascular disease. There should also be a psychological

evaluation prior to spinal cord stimulator trial. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment. The injured worker does not maintain any of the above mentioned diagnoses. There is also no evidence of a psychological evaluation. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.