

Case Number:	CM13-0056843		
Date Assigned:	12/30/2013	Date of Injury:	10/02/2007
Decision Date:	04/02/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/23/2013

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 44-year-old female who reported an injury on 10/02/2007. The mechanism of injury was noted to be the patient fell backward while at work, hitting her mid back against metal racks and landing on her buttocks. The patient had a T7-8 discectomy for spinal stenosis with partial corpectomy at 2 levels for decompression along with anterior spinal fusion and instrumentation on 01/30/2011. The most recent documentation submitted for review indicated the patient had decreased thoracic range of motion and cervical range of motion that was limited to extension with pain. The patient had tenderness to pressure bilaterally, paraspinally at C5-6 and C6-7. The Spurling's test was positive bilaterally, localizing to neck pain. The patient's diagnoses were noted to include mid back pain with thoracic radiculopathy status post recent surgery, myofascial pain and neck pain with cervical radiculopathy. The psychologist treating the patient indicated the patient was psychologically appropriate for a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Spinal Cord Stimulator implant: 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): 105-107.

Decision rationale: California MTUS Guidelines indicate that spinal cord stimulators are recommended for selected patients in cases when less invasive procedures have failed or are contraindicated and following a successful trial. One of the indications for stimulator implantation is failed back surgery. Clinical documentation submitted for review indicated the patient was to undergo a spinal cord stimulator trial. There was lack of documentation indicating the patient's objective functional response to the spinal cord stimulator trial and the duration of the trial to support the need for a spinal cord stimulator implant. Given the above, the request for a spinal cord stimulator implant is not medically necessary.