

Case Number:	CM13-0059797		
Date Assigned:	12/30/2013	Date of Injury:	11/29/2007
Decision Date:	05/15/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 39-year-old male who reported an injury on 11/29/2007. The mechanism of injury was not provided for review. The injured worker's treatment history included acupuncture, physical therapy, chiropractic care, multiple medications, activity modifications, and lumbar epidural steroid injections. The injured worker was evaluated on 11/01/2013. It was documented that the injured worker had ongoing low back pain radiating into the bilateral lower extremities. Physical findings included limited range of motion secondary to pain, tenderness and trigger points in the lumbar paraspinal musculature with tenderness to the spinous process from the L3 through the L4 and positive facet loading and positive straight leg raising test to the right. The injured worker's diagnoses included lumbosacral radiculitis, osteoarthritis of the knee, bursitis of the trochanteric, myofascial pain syndrome, lumbosacral facet arthropathy, and lumbar postlaminectomy syndrome. The injured worker's treatment plan included a spinal cord stimulator trial and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

A SPINAL CORD STIMULATOR TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Section Page(s): 105.

Decision rationale: The requested spinal cord stimulator trial is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends a spinal cord stimulator trial for injured workers that have failed back surgery syndrome or complex regional pain syndrome. The clinical documentation submitted for review does indicate that the injured worker is diagnosed with postlaminectomy syndrome. However, there is no documentation that the injured worker has exhausted all lower levels of surgical intervention. Additionally, California Medical Treatment Utilization Schedule recommends a spinal cord stimulator trial for patients that have undergone a psychological evaluation. The clinical documentation submitted for review did not include a psychological evaluation indicating that the injured worker was an appropriate candidate for a spinal cord stimulator trial. Also, the request as it submitted does not provide a duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested spinal cord stimulator trial is not medically necessary or appropriate.