

Case Number:	CM13-0062812		
Date Assigned:	12/30/2013	Date of Injury:	03/06/2006
Decision Date:	05/16/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 Texas and Oklahoma. 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 50-year-old male who reported an injury on March 6, 2006, while carrying an 80-pound box down a flight of stairs. Current diagnoses include history of lumbar fusion, intractable low back pain, and lumbar radiculopathy. The injured worker was evaluated on October 8, 2013. The injured worker has undergone a lumbar fusion with removal of hardware. The injured worker reports severe and aching pain with stiffness, spasm, numbness, tingling, and weakness. The injured worker has not completed any physical therapy. Physical examination revealed spasm and tenderness over the lumbar spine and paraspinous area, an antalgic gait, decreased range of motion, and decreased sensation. Treatment recommendations included a neurostimulation trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

A NEUROSTIMULATION TRIAL: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications for stimulator implantation include failed back surgery syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis, and peripheral vascular disease. As per the documentation submitted, the injured worker does maintain a diagnosis of history of lumbar fusion. However, there is no documentation of an exhaustion of conservative treatment. It is noted that the injured worker has not completed any physiotherapy. Although it is noted that a psychological examination has been completed, the assessment was not provided for review. The request for a neurostimulation trial is not medically necessary or appropriate.