

Case Number:	CM13-0064800		
Date Assigned:	01/03/2014	Date of Injury:	02/28/2006
Decision Date:	05/22/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

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 Orthopedic Surgery 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 claimant is a 41-year-old female injured in a work-related accident on February 28, 2006. In 2007, she underwent a two-level, L3 through L5 fusion with L5-S1 decompression. An October 30, 2013, progress report stated that the claimant was diagnosed with post-laminectomy syndrome, lumbar spondylolisthesis and stenosis. The notes state that she has continued complaints of low back pain with radiating leg pain after walking distances. Physical examination showed an intact prior surgical incision, diminished lumbar range of motion and no documented neurologic findings. This request is for an MRI scan of the lumbar spine and referral to [REDACTED] for placement of a spinal cord stimulator. The reviewed records contain no documentation of a trial of a spinal stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 and 303.

Decision rationale: According to California ACOEM Guidelines, an MRI scan of the lumbar spine would not be supported. ACOEM Guidelines recommend MRI scans for purposes of identifying specific nerve compromise when objective findings are noted upon neurologic examination. The recent records do not document positive radicular findings on examination of the claimant's lower extremities. For that reason, this request would not be established as medically necessary.

REFERRAL FOR PLACEMENT OF A SPINAL CORD STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Section Page(s): 105-107.

Decision rationale: According to the CA MTUS Chronic Pain Guidelines, referral to a specialist for placement of a spinal cord stimulator would not be indicated. The Chronic Pain Guidelines recommend placement of a spinal cord stimulator only after positive psychological clearance and completion of a spinal cord stimulator trial to demonstrate efficacy. While the claimant has been diagnosed with post-laminectomy syndrome, she has no pertinent positive physical examination findings of a radicular nature. Absent a previous spinal cord stimulator trial, pre-trial psychological clearance and radicular symptoms, this request would not be established as medically indicated.