

Case Number:	CM13-0065414		
Date Assigned:	01/03/2014	Date of Injury:	02/20/2006
Decision Date:	04/21/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/13/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 20, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; prior L3-L4 lumbar discectomy/foraminotomy surgery at an unspecified point in time; MRI imaging of the lumbar spine of November 5, 2013, notable for lumbar spondylosis and spinal stenosis at L3-L4 and L4-L5; postoperative consultation with a spine surgeon, who stated that the applicant is not a candidate for further surgery; and work restrictions. In a utilization review report of December 5, 2013, the claims administrator denied a request for a spinal cord stimulator, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. A December 18, 2013 progress note is notable for comments that the applicant reports persistent low back pain radiating to the right leg, 7/10. The applicant is apparently on Lyrica, Celebrex, Norco and OxyContin. He is not a candidate for further surgery, it is stated. His psychiatric review of systems is notable for insomnia and anxiety. He exhibits nonantalgic gait, but is unable to do heel and toe ambulation. It is stated that the applicant is awaiting a psychological evaluation for the proposed spinal cord stimulator. It is stated that the applicant may be candidate for a functional restoration program. Work restrictions are renewed. It does not appear that the applicant is working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Spinal Cord Stimulator to Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Expert Reviewer's decision rationale: While page 107 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that failed back syndrome, the diagnosis present here, is an indication for a spinal cord simulator trial, in this case, however, there has been no evidence of successful temporary trial of the spinal cord stimulator before permanent implantation of the device in question was sought. As noted in page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, spinal cord stimulation can only be permanently implanted in those applicant's who have had a successful temporary trial of the same. Page 101 of the MTUS Chronic Pain Medical Treatment Guidelines also recommends a psychological evaluation prior to pursuit of the spinal cord stimulator trial. In this case, the applicant has had not had the precursor psychological evaluation. Given the applicant's history of insomnia and anxiety, the precursor psychological evaluation would likely be beneficial here. For all the stated reasons, then, criteria for pursuit of a permanent spinal cord stimulator have not seemingly been met. Therefore, the request is not certified, on independent medical review.