

Case Number:	CM14-0000681		
Date Assigned:	04/04/2014	Date of Injury:	02/10/1996
Decision Date:	05/09/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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 Family Practice and is licensed to practice in Arizona. 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:

Patient is a 64 year old male with a date of injury on 2/10/1996. Patient has been treated for ongoing symptoms in his lower back. Patient has diagnosis of failed back surgery syndrome status post fusion at L4-L5 and L5-S1. Subjective complaints are of ongoing lumbosacral pain, burning in quality, usually not radiating, that is worsened by activity. Physical exam shows a midline surgical scar, palpable trigger points, and tenderness at the medial superior border of the iliac crest. Previous treatment has included physical therapy, and a transcutaneous electrical nerve stimulation (TENS) unit which was stated as helpful, multiple injections, chiropractic, acupuncture, and medications. Previous utilization review denied a spinal cord stimulator trial due to lack of psychological clearance. Psychological evaluation was certified for this patient. The submitted documentation does not indicate if this psychological clearance has been obtained.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-SPINAL CORD STIMULATOR TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATOR, PSYCHOLOGICAL CLEARANCE, Page(s): 101 105.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) recommends use of a spinal cord stimulator for patients with failed back syndrome. California MTUS also recommends that a psychological evaluation is performed before trial of a spinal cord stimulator. Spinal cord stimulators (SCS) are only indicated for selected patients in cases when less invasive procedures have failed or are contraindication. SCS is recommended as a treatment option for chronic pain lasting at least 6 months despite medical management, and who have had a successful trial of stimulation. For this patient, there is continued lower back pain with significant deficits on examination despite multiple prior treatment modalities. Previous utilization review certified psychological exam for SCS placement. Although this patient fits criteria for a trial of a spinal cord stimulator, the submitted documentation does not show evidence of the MTUS recommended psychological evaluation. Therefore, the medical necessity of a spinal cord stimulator trial is not established.