

Case Number:	CM14-0001079		
Date Assigned:	01/22/2014	Date of Injury:	08/26/2003
Decision Date:	07/25/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 59 year old with an injury date on 8/26/03. Based on the 12/3/13 progress report provided by [REDACTED] the diagnoses are: 1. s/p lumbar fusion 2. lower back pain 3. left lower extremity pain. Most recent physical exam on 9/16/13 showed "straight leg raise is positive on left side. Sensory and motor examinations are unremarkable. DTRs are equal and symmetric bilaterally." [REDACTED] is requesting implantation of epidural spinal cord leads as part of spinal cord stimulator trial. The utilization review determination being challenged is dated 12/17/13 and rejects request due to lack of psychological evaluation for spinal cord stimulator trial and lack of evidence that lower levels of treatment have failed. [REDACTED] is the requesting provider, and he provided treatment reports from 9/16/13 to 12/3/13 .

IMR ISSUES, DECISIONS AND RATIONALES

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

IMPLANTATION OF EPIDURAL SPINAL CORD LEADS AS PART OF SPINAL CORD STIMULATOR TRIAL: Overturned

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

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

Decision rationale: This patient presents with lower back pain radiating to left posterior thigh, calf, down to foot and toe and is s/p lumbar anterior fusion with posterior instrumental fusion from March 2012. The provider has asked implantation of epidural spinal cord leads as part of spinal cord stimulator trial on 12/3/13. The 12/3/13 report states the patient has continued radicular pain in left lower extremities after lumbar fusion surgery. Patient had psychological evaluation which approved patient as suitable candidate for spinal stimulator trial per 12/3/13 report. MTUS recommends neurostimulation when less invasive procedures have failed or are contraindicated, for failed back surgery syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesias, multiple sclerosis, peripheral vascular disease, and angina - following a successful trial. In this case, the patient has persistent lower extremity radicular pain from a failed back surgery. The requested implantation of epidural spinal cord leads as part of spinal cord stimulator trial is reasonable and within MTUS guidelines for this type of condition. Recommendation is medically necessary.