

Case Number:	CM14-0001395		
Date Assigned:	01/22/2014	Date of Injury:	07/09/2002
Decision Date:	04/07/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 physician 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:

This is a 58 year-old male who was injured on 7/9/2002. He has been diagnosed with leg pain; malaise and fatigue; myalgia; lumbar degenerative disc disease; lumbago; paresthesia; and chronic pain syndrome. According to the 12/4/13 report from [REDACTED] the patient presents with continued low back pain and radicular symptoms. The psychologist felt he would be a good candidate for an SCS trial. The patient is taking Norco 10/325mg qid prn; Duragesic 25mcg, q2days; Lunestra, thorazine, visicare, Androgel; pravastatin; Toprol XL; Cymbalta; Robaxin; Lyrica; Ambien CR. [REDACTED] requests the spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

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

Decision rationale: The patient presents with back pain and radicular symptoms. He has been diagnosed with leg pain; malaise and fatigue; myalgia; lumbar degenerative disc disease; lumbago; paresthesia; and chronic pain syndrome. The MTUS Chronic Pain Guidelines state that

spinal cord stimulators (SCS) are not recommended for chronic pain. The MTUS Chronic Pain Guidelines state SCS may be an option for failed back syndrome with neuropathic pain; CRPS; post-amputation; post herpetic neuralgia; spinal cord dysesthesia; MS; or peripheral vascular disease. The patient is not reported to have any of the indicated conditions for an SCS. The request is therefore not medically necessary and appropriate.