

Case Number:	CM14-0002740		
Date Assigned:	01/29/2014	Date of Injury:	10/26/1998
Decision Date:	06/16/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/07/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 injured worker is a 58-year-old male who was documented as injuring the low back while lifting an air-conditioning compressor. The claimant is documented as having undergone a hardware block of lumbar spine that provided 20% relief of symptoms. The record reflects complaints of neck pain with associated numbness, tingling, and episodic weakness in the upper extremities, minimal bilateral shoulder pain, and ongoing low back pain with associated numbness and tingling in both lower extremities. Additional complaints include urinary frequency with associated urinary urgency. An examination documents intact sensation in the upper extremities, tenderness with palpation of the cervical spine, and diminished range of motion of the cervical spine. An examination of the lumbar spine reveals globally decreased sensation in the lower extremities, diminished lumbar range of motion, and diminished ankle reflexes. Motor strength is also significantly diminished to the lower extremities. A subsequent document indicates that the claimant is one and a half (1.5) years out from surgery without significant improvement of symptoms and underwent a recent computerized tomography (CT) scan of lumbar spine. The CT scan demonstrated a solid fusion from L3 to S1. This imaging study also demonstrated narrowing at the neuroforamen at more than one (1) level.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL CORD STIMULATOR TRIAL FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATORS (SCS), Page(s): 38, 105.

Decision rationale: The Chronic Pain guidelines support the use of spinal cord stimulators in certain individuals when less invasive procedures have failed or are contraindicated. In the treatment of failed back syndrome, spinal cord stimulators are documented as providing more benefit for lower extremity pain rather than low back pain. Based on the clinical documentation provided, the claimant has complaints of low back pain and lower extremity radicular symptoms and imaging study demonstrates foraminal narrowing that could potentially be causing the radiculopathy. There is no documentation that epidural steroid injections have been attempted at these levels. Additionally, a hardware block was performed, and 20% of the claimant's pain was alleviated. Also, the guidelines recommend a psychological evaluation regarding suitability for a spinal cord stimulator trial prior to proceeding. Therefore, it appears that there are less invasive procedures that could potentially benefit this individual including epidural steroid injections. The prerequisite criteria for proceeding with the spinal cord stimulator have not been met. This request is considered not medically necessary.