

Case Number:	CM14-0005547		
Date Assigned:	01/24/2014	Date of Injury:	07/01/2009
Decision Date:	06/25/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 patient is a 44-year-old male who has submitted a claim for Lumbosacral Radiculopathy associated with an industrial injury date of July 1, 2009. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of pain in the lumbar spine. On physical examination, there was spasm, tenderness, and guarding noted in the paravertebral muscles of the lumbar spine with loss of range of motion. Sensation was decreased bilaterally in the L5 and S1 dermatomes. MRI of the lumbar spine dated January 26, 2013 revealed multilevel degenerative changes through the lumbar spine from L2-3 to L5-S1 with minimal bilateral neural foraminal narrowing at L4-5 and L5-S1. Treatment to date has included medications, physical therapy, chiropractic care, and home exercise program. Utilization review from December 23, 2013 denied the request for spinal cord stimulator trial because a lumbar fusion is still under consideration and there was absence of psychological clearance.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 101

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2, Page(s): 101,105-107.

Decision rationale: According to page(s) 105-107 of the Chronic Pain Medical Treatment Guidelines, spinal cord stimulators (SCS) are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications for stimulator implantation include failed back syndrome, complex regional pain syndrome/reflex sympathetic dystrophy, post-amputation pain, post-herpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, and peripheral vascular disease. In addition, page 101 of the Chronic Pain Medical Treatment Guidelines recommend psychological evaluation prior to SCS trial. In this case, a request for spinal cord stimulator trial was made while fusion surgery is being approved. Although the records stated that the patient had extensive conservative management but continued to be symptomatic, there was no documented evidence of presence of failed back syndrome, complex regional pain syndrome/reflex sympathetic dystrophy, post-amputation pain, post-herpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, or peripheral vascular disease. Furthermore, a psychological evaluation prior to the requested SCS trial was not performed. Therefore, the request for Spinal Cord Stimulator trial is not medically necessary.