

Case Number:	CM14-0006146		
Date Assigned:	05/23/2014	Date of Injury:	06/30/2011
Decision Date:	07/11/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/16/2014

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 43-year-old male who has submitted a claim for Lumbar Disc Displacement/Herniation; Spondylosis with Myelopathy, Lumbar Region; Neuralgia, Neuritis, and Radiculitis, Unspecified; Degeneration of Lumbar or Lumbosacral Intervertebral Disc; Lumbar Nerve Root Compression; Spinal Stenosis of Lumbar Region; Lumbago; and Facet Joint Syndrome, associated with an industrial injury date of June 30, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain and radiating right lower extremity pain, paresthesia, and weakness. On physical examination, straight leg raising test was positive on the right. There was diminished right ankle deep tendon reflex. There was altered sensation over the right lateral calf, ankle, and foot. There was weakness of right ankle dorsiflexion and extensor hallucis longus and ankle plantar flexion. EMG (electromyogram) of the bilateral lower extremities dated May 6, 2014 revealed normal results. MRI of the lumbar spine dated May 9, 2014 revealed mild to moderate spinal canal stenosis, narrowing of the lateral recesses, and mild to moderate right neural foraminal stenosis at L4-5; and mild to moderate disc height loss with a diffuse disc bulge at L5-S1. Treatment to date has included medications, right lumbar laminectomy at L4-5, physical therapy, and transforaminal nerve injection. Utilization review from December 30, 2013 denied the request for spinal cord stimulator trial because there was no clear evidence that the patient had psychological evaluation or 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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Psychological Evaluations, IDDS & SCS; Spinal Cord Stimulators (SCS) Page(s): 101, 105-107.

Decision rationale: According to pages 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, the Chronic Pain Medical Treatment Guidelines recommend psychological evaluation prior to SCS trial. In this case, the medical records failed to provide evidence of any condition wherein a spinal cord stimulator is indicated. There was also no discussion regarding failure of less invasive procedures. Moreover, a psychological evaluation was not included in the records for review. The request for a spinal chord stimulator trial is notmedically necessary or appropriate.