

Case Number:	CM14-0100184		
Date Assigned:	07/28/2014	Date of Injury:	06/02/2009
Decision Date:	10/06/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/30/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 68-year-old gentleman was reportedly injured on June 2, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 20, 2014, indicated that there were ongoing complaints of low back pain with right leg weakness and numbness. The physical examination demonstrated lumbar spine facet tenderness and full range of motion. There was a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included lumbar spine decompression and stabilization of L4 through S1. A request had been made for a spinal cord stimulator trial and was not certified in the pre-authorization process on June 6, 2014.

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 Intrathecal Drug Delivery Systems & Spinal Cord Stimulator Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) CRPS, Spinal Cord Stimulators, Pa.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines states that the indications for a spinal cord stimulator trial include a diagnosis of failed back surgery syndrome. It was also stated that it works best for individuals with neuropathic pain as neurostimulation is generally considered ineffective in treating nociceptive pain. The progress note, dated May 20, 2014, does not indicate any neuropathy. As such, this request for a Spinal Cord Stimulator Trial is not medically necessary.