

Case Number:	CM14-0102178		
Date Assigned:	07/30/2014	Date of Injury:	09/03/2003
Decision Date:	09/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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 & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 52-year-old male who reported an injury on 09/03/2003. The mechanism of injury was not stated. Current diagnoses include chronic mechanical back pain, lumbar disc disease, positive discogenic pain in the lumbar spine, lumbar disc fissure with nuclear epidural leakage, lumbar neuralgia, thoracic disc disease, hypertrophic facet joint, and exogenous depression due to chronic pain. The injured worker was evaluated on 06/24/2014. Physical examination revealed bilateral paravertebral muscle spasm, increased muscle tone of the bilateral lumbar paraspinals, facet joint tenderness, sacroiliac joint tenderness, reduced lumbar range of motion, positive straight leg raising, positive Kemp's testing, and paresthesias along the S1 dermatomes bilaterally, and normal motor strength in the bilateral lower extremities. Treatment recommendations included continuation of the current medication regimen, a second opinion orthopedic spine consultation, and consideration for a 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 for the lumbar pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state spinal cord stimulators are recommended only for selective patients in cases when less invasive procedures have failed or are contraindicated. Indications for stimulator implantation include failed back syndrome, CRPS/RSD, post-amputation pain, postherpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis, or peripheral vascular disease. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment. The injured worker is pending authorization for a psychological evaluation and treatment for depression as well as a second opinion spine surgery consultation. The injured worker does not appear to meet criteria as outlined by the California MTUS Guidelines. Therefore, the request is not medically necessary.