

Case Number:	CM14-0015711		
Date Assigned:	03/03/2014	Date of Injury:	07/13/2006
Decision Date:	10/07/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/07/2014

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 Pennsylvania. 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 claimant is a 47-year-old gentleman who injured his low back on July 13, 2006. The medical records provided for review document continued complaints of low back pain. The office visit dated January 7, 2014, documented physical examination to show restricted lumbar range of motion with tenderness, numerous trigger points, sensory deficit along the posterolateral thigh to the right calf and weakness to the right foot with ankle dorsi and plantar flexion. The claimant is documented to be status post multiple surgeries to include an L3-4 and L4-5 interbody on March 18, 2011. The office note also documented that the claimant continued to utilize a spinal cord stimulator, which was implemented in June, 2012. The spinal cord stimulator captures the claimant's lower lumbar and lower extremity region; however, the claimant continues to experience significant bowel and bladder dysfunction. The recommendation was made for a trial of a sacral nerve stimulator. The medical records included documentation of a pre-spinal cord stimulator psychological clearance report from December of 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial sacral nerve SCS paddle placement through L5-S1 laminotomy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATORS (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS); Recommended only for selected patients in cases when less invasi.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for a trial of a sacral nerve SCS paddle placement through L5-S1 laminotomy cannot be recommended as medically necessary. The medical records document that this trial would be for the claimant's bowel and bladder dysfunction, which is not documented as criteria for use of a spinal cord stimulator device according to the Chronic Pain Guidelines. The Chronic Pain Guidelines indicate spinal cord stimulators can be utilized for failed back surgery syndrome, chronic regional pain syndrome, post amputation (phantom limb pain), postherpetic neuralgia, spinal cord dysesthesias, and pain associated with multiple sclerosis and vascular disease. Bowel and bladder dysfunction, in and of itself, is not one of the Chronic Pain Guideline criteria for use of a spinal cord stimulator. While the claimant continues to be with bowel and bladder issues following multiple prior surgical processes, he has already had a spinal cord stimulator implemented the diagnosis of lumbar post laminectomy syndrome. The request in this case would not be supported as medically necessary.