

Case Number:	CM14-0110317		
Date Assigned:	08/01/2014	Date of Injury:	03/15/2007
Decision Date:	10/21/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 03/25/2007 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her low back and left lower extremity. The injured worker's treatment history included surgical intervention, physical therapy, medications, and injections. The injured worker was evaluated on 05/21/2014. It was documented that the injured worker had tenderness to palpation of the lumbar spine with decreased range of motion. The injured worker had decreased sensation at the left L5-S1 dermatomal distribution with a positive left sided straight leg raising test. It was noted that the injured worker had failed lower levels of treatment to include physical therapy, chiropractic care, and medications. The injured worker's diagnoses lumbar radiculopathy and failed low back syndrome. The injured worker's treatment plan included a spinal cord stimulator trial. No Request for Authorization form was submitted to support the request.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105.

Decision rationale: California Medical Treatment Utilization Schedule recommends a spinal cord stimulator trial for appropriately identified patients diagnosed with failed back syndrome who have failed all other surgical and nonsurgical options. The clinical documentation submitted for review does not indicate that the injured worker has exhausted all surgical options and would benefit from a spinal cord stimulator trial. Additionally, California Medical Treatment Utilization Schedule recommends a psychiatric evaluation prior to a spinal cord stimulator trial. The clinical documentation submitted for review does not provide any indication that the injured worker has already undergone a psychiatric evaluation to support a spinal cord stimulator trial. As such, the requested Spinal cord stimulator trial is not medically necessary or appropriate.

Pre-requisite Psychological evaluation times 2 (leads): 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 Spinal cord stimulators (SCS) Page(s): 105.

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has persistent spinal cord pain. The California Medical Treatment Utilization Schedule recommends a spinal cord stimulator trial for patients who have failed all interventional and non-interventional treatments. The clinical documentation submitted for review does not indicate that the injured worker is not a candidate for additional surgery. Therefore, the need for a psychological evaluation is not established. As such, the requested Pre-requisite Psychological evaluation times 2 (leads) is not medically necessary or appropriate.