

Case Number:	CM14-0115770		
Date Assigned:	08/04/2014	Date of Injury:	06/29/2008
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/23/2014

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 Texas. 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 64 year old male who reported an injury regarding his low back region as well as a crushing type injury to the left upper extremity on 06/29/08. The utilization review dated 07/02/14 resulted in a denial for a spinal cord stimulator trial, as no up to date psychosocial evaluation had been submitted and no information had been submitted regarding the injured worker's response to a recent surgical procedure involving the low back. The clinical note dated 05/28/14 indicates the injured worker complaining of intractable low back pain along with radiculopathy. The injured worker rated the pain as severe and described it as continuous. Upon exam, range of motion limitations were identified throughout the lumbar region. The injured worker also described strength deficits in the lower extremities. The note also indicates the injured worker having undergone a CT scan of the lumbar region which revealed a prior fusion from L2-3, L3-4, and L4-5 which appeared to be solid with intact hardware. The psychiatric evaluation dated 07/19/11 indicates the injured worker demonstrating severe levels of anxiety and moderate levels of depression. The clinical note dated 03/05/14 indicates the injured worker continuing with severe levels of discomfort. The injured worker was ambulating with a restricted gait that was antalgic.

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 Spinal cord stimulator trial: Indications for stimulator implantation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 105-7.

Decision rationale: The documentation indicates the injured worker complaining of ongoing low back pain despite a previous surgical intervention. A spinal cord stimulator trial is indicated for injured workers who have completed all conservative treatments as well as a psychosocial evaluation. There is an indication the injured worker has previously undergone conservative therapies. However, no information was submitted regarding the injured worker's recent completion of any conservative treatments given the ongoing low back complaints. Additionally, the psychosocial evaluation that was submitted is greater than 3 years of age. Therefore, it appears the injured worker's evaluation is not up to date. Therefore, given these findings, the request is not indicated as medically necessary.