

Case Number:	CM14-0124831		
Date Assigned:	09/16/2014	Date of Injury:	12/19/2008
Decision Date:	10/20/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/07/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 54 year old female with a date of injury on 12/19/2008. Diagnoses include chronic low back pain, lumbar fusion at L4-5 and L5-S1, and lumbar radiculopathy. Subjective complaints are of severe low back pain radiating to both legs, with associated numbness and tingling. Physical exam showed a slow antalgic gait, decreased lumbar range of motion, and moderate lumbosacral tenderness bilaterally. Sensation to light touch was intact. Medications include Nucynta and MS Contin. Patient is also utilizing H-wave therapy which improves pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SPINAL CORD STIMULATOR TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATOR, Page(s): 101, 105.

Decision rationale: CA MTUS recommends use of a spinal cord stimulator for patients with failed back syndrome. CA MTUS also recommends that a psychological evaluation is performed before trial of a spinal cord stimulator. Spinal cord stimulators (SCS) are only indicated for selected patients in cases when less invasive procedures have failed or are contraindication. SCS

is recommended as a treatment option for chronic pain lasting at least 6 months despite medical management, and who have had a successful trial of stimulation. For this patient, there is continued lower back pain, that appears to be partially responsive to medications and H-wave therapy, and there is not documentation of less invasive measures being exhausted. Furthermore, the submitted documentation does not show evidence of the MTUS recommended psychological evaluation. Therefore, the medical necessity of a spinal cord stimulator trial is not established.