

Case Number:	CM14-0163285		
Date Assigned:	10/08/2014	Date of Injury:	12/22/2011
Decision Date:	11/25/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/03/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 patient is a 45 year old who was injured on 12/22/2011. The diagnoses are low back pain, failed back syndrome, status post laminectomy syndrome, lumbar radiculopathy and neuropathy. The patient completed PT, SI (sacroiliac) joints and lumbar epidural steroid injections. The past surgery history is significant for multiple low back surgeries in 1997 and 2002. The patient reported up to a 70% reduction in pain, decrease in medication utilization and significant increase in physical activities following Spinal Cord Stimulator trial in December, 2013. The patient was cleared by Psychologist before the procedure. On 10/3/2014, [REDACTED] noted that the neurosurgery had indicated that the patient was not a surgical candidate. The objective findings were decreased range of motion of the lumbar spine and lower extremities, tenderness to palpation and positive provocative tests. The medications are oxycodone and Percocet for pain. A Utilization Review determination was rendered on 9/26/2014 recommending non certification for implantation of Spinal Cord Stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically-Guided Permanent Spinal Cord Stimulator Implant: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Simulators (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that a permanent Spinal Cord Stimulator can be implanted following a successful percutaneous trial. The records indicate that there was subjective and objective documentation of significant beneficial effects following the percutaneous trial in December, 2013. The patient reported more than a 70% reduction in pain, decrease in medications utilization and was able to walk 5 blocks, a significant improvement from a prior 1 block limitation. There was a documented Psychology clearance report prior to the percutaneous procedure which also covers the permanent procedure per guidelines stipulation. The criteria for fluoroscopic- guided implantation of a permanent Spinal Cord Stimulator was met.