

Case Number:	CM14-0166290		
Date Assigned:	10/13/2014	Date of Injury:	05/13/2009
Decision Date:	11/24/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/09/2014

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 Spine 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 47-year-old male who reported an injury on 09/20/2006. Mechanism of injury was not provided. The injured worker has a diagnosis of status post lumbar microdiscectomy at L5-L5 with facetotomy at L4-L5, anterior cervical fusion, emotional symptoms and failed back syndrome. Past medical treatment included medications, physical therapy, epidural block and a TENS unit. Diagnostic studies included an MRI of neck soft tissue on 05/08/2012 and an MRI of lumbar on 07/08/2009 x-rays of cervical spine on 09/19/2002 also on 07/15/1995. The injured worker underwent a microdiscectomy of L3-S1 on 11/02/2010. The injured worker complained of sharp right leg pain on, 09/25/2014. The physical examination revealed all range of motion was performed actively. There were no passive ranges of motion performed. The injured worker has a 3 to 4 degree anterior antalgic list unweighting the facets. There is also a 3 degree right lateral left unweighting the left lower extremity. There was ongoing muscle spasm noted with palpation in the lumbar paravertebral muscles, clinically consistent with the antalgic behavior mentioned above. There is ongoing pain with palpation over the right sacroiliac joint. As well, there is tenderness about the left lateral calf. Medications included hydrocodone, gabapentin, Norflex, Anaprox. The treatment plan is for 1 spinal cord stimulator. The rationale for the request was not submitted. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The request for Spinal Cord Stimulator Implant is not medically necessary. The injured worker complained of sharp right leg pain on, 09/25/2014. The California MTUS guidelines state spinal cord stimulator implant is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Spinal cord stimulator implant is recommended as a treatment option for adults with chronic neuropathic pain lasting at least 6 months despite appropriate conventional medical management, and who have had a successful trial of stimulation. The guidelines also state spinal cord stimulators (SCS) should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. There is lack of documentation the injured worker has had a psychological assessment. There is a lack of documentation of significant objective functional deficits. There is lack of documentation of the patient undergone a trial of a spinal cord stimulator. Therefore the request for Spinal Cord Stimulator Implant is not medically necessary.