

Case Number:	CM14-0167715		
Date Assigned:	10/15/2014	Date of Injury:	12/26/2012
Decision Date:	12/02/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/10/2014

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, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 has chronic low back pain. The patient has date of injury of December 26, 2012. He complains of chronic low back pain with weakness and numbness in the right leg. Physical examination shows tenderness to palpation the lumbar spine with reduced range of motion. Is positive straight leg raise bilaterally. Patient underwent L5-S1 fusion in August 2013. At issue is whether a trial of spinal cord stimulator implant is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulators trial implant of leads lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints and Spinal Cord Stimulators.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG low back chapter, MTUS low back chapter

Decision rationale: The patient does not meet criteria for trial of spinal cord and the patient. Specifically the medical records do not document that the patient has had an adequate trial and failure of conservative measures for treatment of chronic low back pain. There is also no documentation of a psychiatric evaluation prior to spinal cord stimulator trial. Criteria for spinal

cord stimulator not met at this time. More conservative measures are medically necessary and psychiatric evaluation is medically necessary. Criteria for spinal cord stimulator placement not met. Criteria for spinal cord trial not met. It is unclear the medical records whether this patient is appropriate candidate at this time. Therefore, the request is not medically necessary.