

Case Number:	CM14-0175008		
Date Assigned:	10/28/2014	Date of Injury:	10/27/2001
Decision Date:	12/15/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/22/2014

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 Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 64-year-old female with a 10/27/01 date of injury. At the time (8/14/14) of request for authorization for percutaneous lumbar spinal cord stimulator and Naproxen 550 mg #30, there is documentation of subjective (low back pain radiating to bilateral lower extremities with numbness and weakness) and objective (tenderness over L4-S1 paravertebral muscle with decreased range of motion) findings, current diagnoses (lumbar disc degeneration, lumbar radiculopathy, and lumbar facet arthropathy), and treatment to date (epidural injections, physical therapy, and medications (including ongoing treatment with Naproxen, Gabapentin, Ondansetron, and Percocet)). Medical report identifies that patient is cleared by psychiatrist for spinal cord stimulator trial; and that patient is able to brush teeth, climb stairs, comb/wash hair, sit/stand/talk on the phone with the help of medications. Regarding percutaneous lumbar spinal cord stimulator, there is no documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation); and a psychological evaluation report. Regarding Naproxen 550 mg #30, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Lumbar Spinal Cord Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), primarily lower extremity pain, less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of failed back syndrome. Within the medical information available for review, there is documentation of diagnoses of lumbar disc degeneration, lumbar radiculopathy, and lumbar facet arthropathy. In addition, there is documentation of lower extremity pain; and less invasive procedures have failed. However, there is no documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation). In addition, despite documentation that patient is cleared by psychiatrist for spinal cord stimulator trial, there is no documentation of a psychological evaluation report. Therefore, based on guidelines and a review of the evidence, the request for Percutaneous Lumbar Spinal Cord Stimulator is not medically necessary.