

Case Number:	CM14-0020001		
Date Assigned:	05/09/2014	Date of Injury:	09/02/2003
Decision Date:	10/09/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/18/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 36-year-old female who sustained work-related injuries on September 2, 2003. Her previous medical treatments include tonsillectomy (April 1995), L4, L5 and S1 microdiscectomy (January 2004), double laminectomy (December 2004), hematoma wound infection surgery (January 2005), anterior L5-S1 fusion and L4-5 disc replacement (March 2009), and low back surgery complicated by a screw impacting a sciatic nerve requiring repeat surgery the following day to remove the screw (December 2012), oral medications, x-rays, and computed tomography scan. The medical records dated January 15, 2014 notes that the injured worker complained of pain in the low back and lower extremities. She has received lumbar epidural steroid injection but had not had any relief. She primarily made her office visit for medication refill. She also had a functional assessment evaluation. On examination, she was noted with an antalgic gait and used a walker for ambulation. Tenderness was noted in the lumbar spine. Her range of motion was moderated reduced. She is diagnosed with (a) chronic post laminectomy syndrome (lumbar); (b) lumbosacral spondylosis; (c) sacroiliitis; (d) radiculitis, radiculopathy lumbar/thoracic; and (e) chronic hip/pelvis joint pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL CORD STIMULATOR TRIAL: 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
Psychological evaluations; Psychological evaluations, IDDS & SCS

Decision rationale: The injured worker is most likely to have failed back syndrome and as well as failed less invasive medical treatments and her condition is considered in the chronic phase. However, the Chronic Pain Medical Treatment Guidelines indicate that prior to a spinal cord stimulation trial there should be documentation of a thorough psychological evaluation in order to rule out certain psychological disorders (e.g. somatoform pain disorder or somatoform conversion disorder). In this case, there is no documentation pertaining that the injured worker has undergone psychological evaluation to rule out possible psychological issues. Based on this reason, the medical necessity of the requested spinal cord stimulator trial is not established.