

Case Number:	CM14-0029887		
Date Assigned:	06/20/2014	Date of Injury:	04/24/2006
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 40-year-old female who reported an injury on 04/24/2006 due to a heavy lifting injury. The clinical note dated 02/17/2014 noted that the injured worker presented with low back pain. Upon examination of the lower extremities, the L1-S1 dermatome is decreased diffusely on the left. The motor examination of the left extremity from L1-S1 was a 5/5, and the knee and ankle reflexes are intact and symmetrical. The diagnoses were chondromalacia patella, right knee; cervical spine strain; L5 chronic radiculopathy; left knee internal derangement; right knee sprain; status post disc replacement at L5-S1; and status post posterior fusion and pedicle screw instrumentation at L5-S1. Prior therapies included injections, medications and surgery. The provider recommended a dorsal column stimulator for the lumbar spine; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month trial of a Dorsal Column Stimulator for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators and Psychological Evaluations Page(s): 105-107,101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-106.

Decision rationale: The request for 1 trial of a dorsal columns stimulator for the lumbar spine is not medically necessary. The California MTUS Guidelines state that implantable spinal cord stimulators are rarely used and should be reserved for injured workers with low back pain for more than 6 months duration who have not responded to the standard nonoperative or operative interventions. Indications for the use of stimulator implantation are failed back syndrome, complex regional pain syndrome, postamputation pain, postherpetic neuralgia, spinal cord injury dysesthesias and pain associated with multiple sclerosis as well as peripheral vascular disease. The guidelines recommend spinal cord stimulators for injured workers who have undergone at least 1 previous back operation and who are not a candidate for repeat surgery with symptoms of primarily lower extremity radicular pain, a psychological clearance, no current evidence of substance abuse issues and no contraindications to a trial; permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after the temporary trial period. The documentation has evidence of failed back surgery, and failed conservative treatment. However, the included medical documents lack evidence of a psychological clearance, indicating realistic expectations and clearance for the procedure, and there is no current evidence of addressing substance abuse issues. As such, the request is not medically necessary.