

Case Number:	CM14-0030161		
Date Assigned:	05/02/2014	Date of Injury:	06/10/2005
Decision Date:	07/08/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/27/2014

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, 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:

The patient is presented with a date of injury of 6/10/05. A utilization review determination dated 12/20/13 recommends non-certification of a trial spinal cord stimulator absent documentation of psychological clearance. 10/25/13 medical report identifies chronic low back and leg pain that is not improving and feels worse. There is pins and needles sensation in the right leg, and the leg pain is greater than the low back pain. On exam, there is antalgic gait and paralumbar tenderness and spasm. Treatment plan includes referral to pain management for chronic medication management and trial of a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL SPINAL CORD STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATORS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 38; 101; 105-107 OF 127.

Decision rationale: Regarding the request for a spinal cord stimulator trial, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated.

MTUS Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. MTUS Guidelines also recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, it appears that the patient has chronic pain with extensive treatment including lumbar fusion, and there is no indication that additional surgery or invasive procedures are likely to be of benefit. However, there is no documentation that the patient has undergone a successful psychological clearance evaluation. In the absence of such documentation, the currently request for spinal cord stimulator trial is not medically necessary and appropriate.