

Case Number:	CM14-0031724		
Date Assigned:	06/20/2014	Date of Injury:	08/22/2011
Decision Date:	07/21/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/12/2014

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 Medicine and is licensed to practice in New York and Texas. 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 41 year old male whose date of injury is 08/22/2011. The injured worker sustained a low back injury as a result of repetitively moving and stacking boxes. Treatment to date includes physical therapy, medication management, and epidural steroid injections. There was a recommendation for lumbar fusion which the injured worker did not want to have done. Psychological consultation dated 01/15/14 noted that the injured worker is a fair candidate at best for spinal cord stimulator trial. Re-evaluation dated 05/20/14 indicates that he complains of chronic low back pain with bilateral leg pain. Medications are listed as Baclofen, Celebrex, Cymbalta and Nucynta. Diagnoses are lumbosacral spondylosis without myelopathy, degeneration lumbosacral intervertebral disc, lumbago, thoracic/lumbosacral neuritis or radiculitis, unspecified myalgia and myositis.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

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

Decision rationale: Based on the clinical information provided, the request for spinal cord stimulator trial is not recommended as medically necessary. The psychological consultation reported that the injured worker is a fair candidate at best for the procedure. There is no indication that the injured worker presents with a condition for which Chronic Pain Medical Treatment Guidelines support spinal cord stimulation. There is no documentation of failed back syndrome, complex regional pain syndrome/reflex sympathetic dystrophy, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, or peripheral vascular disease.