

Case Number:	CM14-0031994		
Date Assigned:	06/20/2014	Date of Injury:	09/10/2012
Decision Date:	07/24/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopedic Surgery, 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 42-year-old male who was reportedly injured on September 10, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 7, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. Current medications were stated to include Neurontin, Soma and Norco. The physical examination demonstrated difficulty with ambulation secondary to back pain. There was tenderness along the lumbar spine paraspinal muscles and decreased lumbar spine range of motion secondary to pain. There was a positive right sided straight leg raise. Diagnostic imaging studies objectified loss of signal intensity and some granulation tissue at the L4-L5 level. There was moderate loss of disc height at the L5-S1 level. There was a request for a spinal cord stimulator trial. A request had been made for a spinal cord stimulator and was not certified in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator (SCS), Indications for Stimulator Implantation.

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

Decision rationale: According to the progress note dated February 7, 2014, there was a normal lower extremity neurological examination for the injured employee. There also appeared to be exquisite tenderness along the lumbar spine. According to the Chronic Pain Medical Treatment Guidelines, a spinal cord stimulator works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. As the injured employee's pain appears to be largely nociceptive in nature, this request for a spinal cord stimulator is not medically necessary.