MAXIMUS Federal Services

Case Number:	CM14-0032897		
Date Assigned:	06/20/2014	Date of Injury:	06/09/2006
Decision Date:	07/23/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/14/2014

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 American Board of 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 64 year-old female injured on 6/9/2006. The mechanism of injury was noted as a work related injury while trying to pick up a student who started throwing a tantrum. The most recent progress note, dated 1/31/2014, indicated that there were ongoing complaints of persistent low back pain with pain radiating to the left leg. The physical examination demonstrated lumbar spine, decreased range of motion of the lumbar spine in all directions, positive tenderness to palpation of the paraspinal muscles, positive facet loading bilaterally, and positive straight leg rise on the left at 45. There was decreased muscle strength on the left compared to right in both flexion and extension. The deep tendon reflexes were decreased in the left Achilles tendon compared to right. There were no recent diagnostics available for review. Previous treatment included consult to psychiatry, surgery, physical therapy, chiropractic care, aquatic therapy, acupuncture and medications. A request has been made for Spinal Cord Stimulator Trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial.: Overturned

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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), page 105 of 127 Page(s): 105 of 127.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, spinal cord stimulation was recommended for selected patients in cases where less invasive procedures have failed or are contraindicated or for specific conditions indicated below and following a successful temporary trial. [redacted] just completed their Final Appraisal Determination (FAD) of the medical evidence on spinal cord stimulation (SCS), concluding that SCS is recommended as a treatment option for adults with chronic neuropathic pain lasting at least 6 months, despite appropriate conventional medical management, and who have had a successful trial of stimulation. Recommended conditions include failed back surgery syndrome (FBSS) and complex regional pain syndrome (CRPS). According to the review of documentation, the injured worker is status post lumbar laminectomy in 2011. The claimant continues to have radicular pain in the left leg. Pain is still present greater than six months despite appropriate conventional medical management and care. The claimant has also received surgical clearance from psychiatry: See the note dated 4/1/2014. According to the medical documentation and surgical clearance, the prior Utilization Review (UR) decision is reversed. The request for Spinal Cord Stimulator Trial is medically necessary.