

Case Number:	CM14-0037158		
Date Assigned:	06/25/2014	Date of Injury:	07/10/2007
Decision Date:	08/05/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/27/2014

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 & 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 07/10/2007. She is diagnosed with post lumbar laminectomy syndrome. Her symptoms were noted to include low back pain with radiation into the left lower extremity. Her previous treatments were noted to include lumbar surgery, medications, epidural steroid injections, medial branch blocks, radiofrequency ablation, and acupuncture. Her physical examination findings at her 02/10/2014 office visit included tenderness to palpation in the lower lumbar spine region, positive left straight leg raise, decreased sensation to light touch and pinprick along with posterolateral left thigh, left side of calf, and anterior left thigh. Her treatment plan was noted to include a spinal cord stimulator trial and additional acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial with Percutaneous leads: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain Chapter - Indications for stimulator implantation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS), Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Page(s): 107, 101.

Decision rationale: According to the California MTUS Guidelines, a spinal cord stimulator trial may be indicated for patients with failed back syndrome specified as persistent pain in patients who have undergone at least 1 previous back operation. However, the Guidelines also specify that patients should undergo psychological evaluation prior to spinal cord stimulator trials. The clinical information submitted for review indicates that the patient has persistent low back and extremity pain despite a previous back surgery. However, she was not shown to have undergone a psychological evaluation with clearance for a spinal cord stimulator trial at this time. As such, the request is not medically necessary.

Acupuncture x 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California MTUS Acupuncture Guidelines, acupuncture may be recommended when pain medication is reduced or not tolerated when used adjunctively to physical rehabilitation and/or surgical intervention to promote functional gains. The Guidelines further state that treatment may be supported up to 1 to 3 times per week for 1 to 2 months with acupuncture treatments being extended with evidence of functional improvement after an initial trial. The clinical information submitted for review indicated that acupuncture treatment had been utilized previously as the treatment plan included continuation of acupuncture sessions. However, adequate documentation was not provided showing evidence of objective functional improvement with previous acupuncture sessions in order to warrant continued treatments. As such, the request is not medically necessary.