

Case Number:	CM14-0039033		
Date Assigned:	06/27/2014	Date of Injury:	12/04/2000
Decision Date:	07/29/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/03/2014

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 Orthopedics and is licensed to practice in New York. 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 a 53-year-old male with [REDACTED] December 4, 2000. He had chronic back pain and underwent L5-S1 discectomy in September 2002. He then underwent L4-5 and L5-S1 discectomy and fusion in 2003. He continues to have chronic back pain and weakness. The physical examination shows tenderness to palpation of the lumbar spine and muscle spasm. The straight leg raise testing is positive with radicular symptoms to the bilateral lower extremities. An MRI the lumbar spine from 2014 shows L1-3 millimeters disc protrusion. There is mild canal stenosis at L1-2. Her postsurgical changes noted with fusion at L4-5 and L5-S1. At issue is whether spinal cord stimulator placement is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic laminectomy for placement of spinal cord stimulator and generator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 105.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: This patient does not meet establish criteria for spinal cord stimulator placement. There is no information in the medical records that documents a previous trial of spinal cord stimulator placement with functional improvement. The patient must first undergo a trial of skin placed leads with trial spinal cord stimulator prior to approving permanent implantable spinal cord stimulator. The medical records do not document that the patient ever had a trial of spinal cord stimulator superficial placement. There is no documentation that the previous trial of superficial placed leads in spinal cord stimulator was successful in alleviating pain. Because of medical records do not document a previous trial of superficial spinal cord placement, surgical intervention for permanent implantable spinal cord stimulator is not medically necessary at this time. Therefore the request is not medically necessary.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Hospital inpatient stay for 2 to 3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.