

Case Number:	CM14-0046157		
Date Assigned:	07/02/2014	Date of Injury:	09/27/2008
Decision Date:	08/05/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/14/2014

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 orthopedic and spine surgery 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 38 years old male with a date of injury of 9/24/2008. Patient has chronic back pain. Patient had L4-S1 fusion surgery on July 14 2013. CT of May 2013 shows solid fusion with no screw loosening. EMG (Electromyography) shows bilateral L4-5 radiculopathy. Exam shows back tenderness and decreased ROM (Range of Motion), decreased sensation in L5-S1, SLR (Straight Leg Raise) is positive bilaterally. Conservative measures failed for 6 months. Patient diagnosed with post laminectomy pain and spinal cord stimulator trial was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

Decision rationale: According to MTUS Guidelines, The patient does not meet established criteria for spinal cord stimulator device. There must be a formal psychological evaluation to support psychological clearances prior to undergoing spinal cord stimulator trial and medical records currently do not document this appropriately. Criteria not currently met due to lack of

psychiatric evaluation being documented. Therefore, the request for Spinal cord trial is not medically necessary and appropriate.