

Case Number:	CM14-0053236		
Date Assigned:	07/07/2014	Date of Injury:	06/23/2003
Decision Date:	09/03/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/22/2014

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 Occupational Medicine 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:

This is a 75 year-old male with a 6/23/03 date of injury to his back after a fall. The patient was seen on 3/17/14 with complaints of low back and lower extremity pain, 3-4/10. The exam findings revealed tenderness in the lumbar spine with spasm. He was noted to be status post L4-5 fusion with hardware removal. The diagnosis is lumbar facet syndrome, myofascial pain and moderate canal narrowing at L3-4. A progress note dated 5/20/14 states that the patient declines a spinal cord stimulator as well as psychiatry, functional restoration program, or cognitive behavioral therapy. The diagnosis post laminectomy syndrome. The treatment to date included medications, L4-S1 fusion, surgery, TENS unit and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines and the ODG criteria for SCS trial placement includes, at least one previous back operation and patient is not a

candidate for repeat surgery, symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse issues; and that there are no contraindications to a trial. In addition, neurostimulation is generally considered ineffective in nociceptive pain. There is no evidence that the patient had a psychological consult or wants a spinal cord stimulator. There is a lack of documentation to support the request for an SCS trial. Therefore, the request for a spinal cord stimulator trial was not medically necessary.