

Case Number:	CM14-0054635		
Date Assigned:	07/07/2014	Date of Injury:	09/28/2009
Decision Date:	08/14/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/24/2014

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 Surgery and is licensed to practice in Texas. 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 45 year old male whose date of injury is 09/28/09. The mechanism of injury is described as a trip and fall over plant vines. Treatment to date includes left L5-S1 partial hemilaminotomy and left partial facetectomy on 06/28/11, L4-5 discectomy and decompression with anterior interbody fusion in 2012, lumbar facet injections on 03/12/13, exploration and re-fusion L4-5 and L5-S1 on 05/28/13, physical therapy. Office visit note dated 06/24/14 indicates that medications include Baclofen, oxycodone, pregabalin, oxycodone-acetaminophen and losartan. Impression is lumbar radiculopathy.

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): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator, pages 105-107 Page(s): 105-107.

Decision rationale: Based on the clinical information provided, the request for spinal cord stimulator trial is not recommended as medically necessary. Psychological progress note dated 03/13/14 indicates that the injured worker is not motivated for a spinal cord stimulator. The

submitted records indicate that the injured worker continues to complain of suicidal ideation. Therefore, the requested spinal cord stimulator trial is not in accordance with California Medical Treatment Utilization Schedule guidelines and medical necessity is not established.