

Case Number:	CM14-0066224		
Date Assigned:	07/11/2014	Date of Injury:	10/01/2009
Decision Date:	10/01/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/09/2014

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:

The patient is a 45 year-old male with date of injury 10/01/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/05/2014, lists subjective complaints as low back pain with radicular symptoms effecting both lower extremities. Objective findings note examination of the lumbar spine revealed tenderness over L4-5 and L5-S1 as well as tenderness over the sacrococcyx area and gluteus maximus region. Range of motion at the spine for flexion and extension was reduced by 50%. There was diminished sensation over the bilateral L5 nerve distribution and diminished muscle strength of the lower extremities. Straight leg test was positive bilaterally. Diagnoses include status post lumbar spine surgery; secondary degree L5-S1 lumbar spondylolisthesis; bilateral lumbar radiculitis; C5-6, C6-7 and C7-T1 cervical disc protrusions; bilateral shoulder strain with tendonitis; and gastritis. A CT scan of the lumbar spine was performed on 02/07/2014 and was positive for status post decompressive laminectomy with posterolateral and interbody fusion of L5-S1; no evidence of hardware complication; bilateral L5 spondylolysis with 8mm anterolisthesis at L5-S1; and mild changes of disc degeneration at L4-5 without stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of a spinal cord stimulator for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Spinal Cord Stimulators

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

Decision rationale: According to MTUS Guidelines, indications for spinal cord stimulators are failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury, pain associated with multiple sclerosis, and peripheral vascular disease. In addition, psychological screening should be obtained prior to a spinal cord stimulator trial, especially for serious conditions such as severe depression or schizophrenia. Although it appears that the patient may possibly be a candidate for a spinal cord stimulator, the medical records submitted for review contains no psychological screening evaluation, which is required prior to his spinal cord stimulator trial. As such, the request is not medically necessary.