

Case Number:	CM14-0067469		
Date Assigned:	07/11/2014	Date of Injury:	10/26/2007
Decision Date:	09/12/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 54 year old male with a date of injury on 10/26/2007. Diagnoses include lumbar radiculopathy, cervical radiculopathy, bilateral cervical facet arthropathy, and lumbar degenerative disc disease. Subjective complaints are of low back pain with radiation to the bilateral lower extremities. Physical exam shows decreased range of motion, tenderness to the lumbar paraspinal muscles at L3-S1, and bilateral lower extremity cramping. Records indicate that the patient had finished a psychological evaluation that stated he would be a good candidate for a spinal cord stimulator trial. Medications include Oxycodone 30mg every 8 hours. Medical records do not identify any prior conservative therapy or pain management procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS recommends use of a spinal cord stimulator for patients with failed back syndrome, complex regional pain syndrome, post amputation pain, post herpetic

neuralgia, multiple sclerosis, spinal cord injury, and peripheral vascular disease. CA MTUS also recommends that a psychological evaluation is performed before trial of a spinal cord stimulator. Spinal cord stimulators (SCS) are only indicated for selected patients in cases when less invasive procedures have failed or are contraindication. SCS is recommended as a treatment option for chronic pain lasting at least 6 months despite medical management, and who have had a successful trial of stimulation. For this patient, there is continued lower back pain with radiculopathy. The medical records do not identify prior treatment failures of less invasive procedures or therapy. Furthermore, the patient does not have a CA MTUS criteria indicated diagnosis for which a spinal cord stimulator is recommended. Therefore, the medical necessity of a spinal cord stimulator trial is not established at this time.