

Case Number:	CM14-0074347		
Date Assigned:	07/16/2014	Date of Injury:	05/22/2002
Decision Date:	08/14/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/22/2014

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 Neurologist and is licensed to practice in Texas, Ohio, and Massachusetts. 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 56-year-old male who reported an injury on 05/22/2002. Prior treatments included epidural steroid injections and physical therapy. The documentation indicated that the injured worker had a psychological evaluation on 01/20/2014, which revealed that the injured worker had a high expectation for pain relief afforded by the stimulator. The injured worker was noted to be hoping for 100% pain relief. The documentation indicated that compliance would not be an issue, and the injured worker had the intellectual capacity to properly operate the spinal cord stimulator. The documentation indicated that if the injured worker's expectations were not met, this could be problematic, as initially, the injured worker might have an angry reaction since he holds onto anger from the previous treatments. The documentation indicated that the anger might influence the injured worker's response to the stimulator not meeting his high expectations for pain relief and should be addressed with the physician, and it was indicated that the injured worker may need help addressing these issues therapeutically. The documentation of 03/28/2014 revealed that the injured worker's diagnoses included post laminectomy syndrome of the lumbar spine. The physician documented that there should be future consideration of a spinal cord stimulator trial. There was medical substantiation documented on 11/27/2012 and 07/16/2012.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator and Psychological Evaluation Page(s): 106-107, 101.

Decision rationale: The California MTUS Guidelines recommend a psychological evaluation prior to a spinal cord stimulator trial. They indicate that spinal cord stimulators are recommended for selected injured workers in cases where less invasive procedures have failed or are contraindicated, including for the condition of failed back syndrome. The clinical documentation submitted for review indicated that the injured worker had failed back syndrome. The psychological evaluation did not state the injured worker was cleared for the spinal cord stimulator trial. Additionally, the physician documented that there was justification made for the request for a spinal cord stimulator on 11/27/2012 and 07/16/2012. Neither one of those records was presented for review. Given the above, the request for a spinal cord stimulator is not medically necessary.