

Case Number:	CM14-0080029		
Date Assigned:	09/10/2014	Date of Injury:	06/19/2001
Decision Date:	10/14/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 52-year-old male was reportedly injured on June 19, 2001. The mechanism of injury was not disclosed. The most recent progress note, dated May 1, 2014, indicated that there were ongoing complaints of low back pain and posterior buttock pain with some numbness and tingling into the feet. The physical examination demonstrated tenderness across the lumbosacral region with 50% restricted flexion and extension. Straight leg raise was positive with hypoesthesia and dysesthesias in the right posterior buttock. Ankle and patellar reflexes were depressed bilaterally. Diagnostic imaging studies, previously performed, included an MRI and a CT of the lumbar spine indicating that an L5-S1 disc prosthesis was in good alignment with stable facet joint arthropathy at L5-S1. Previous treatment included an anterior retroperitoneal discectomy, partial vertebrectomy of T8 and T9, an anterior spinal cord decompression and an L5-S1 interspace biomechanical device was placed. Additionally, the claimant has received pharmacotherapy, physical therapy, cryotherapy, epidural injections, and nerve blocks. A request had been made for a spinal cord stimulator trial and was not certified in the pre-authorization process on May 21st, 2014.

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 Spinal Cord Stimulators. Decision based on Non-MTUS Citation Kemler, 2000; Kemler, 2004

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38, 101, 105.

Decision rationale: The MTUS guidelines support the use of spinal cord stimulator trials for individuals with a diagnosis of failed back syndrome and persistent pain despite multiple conservative modalities and recommend psychological evaluation prior to placement of such a device. The clinical documentation available included no psychological evaluation indicating that the claimant has been cleared for spinal cord stimulator trial. In the absence of this documentation, this request is not medically necessary.