

Case Number:	CM14-0091044		
Date Assigned:	07/25/2014	Date of Injury:	10/21/2005
Decision Date:	08/28/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A 5/19/14 PR-2 notes low back pain with bilateral leg pain and degenerative disc disease. There is a request for a spinal cord stimulator trial with psychiatry consultation before considering spinal cord stimulator. A 5/16/14 note indicates the insured is depressed and seeing psychology. The insured uses a TENS unit and gets 30% improvement. Examination notes strength is 5/5 and sensory is intact to light touch. Gait is normal and spine exam notes mild focal tenderness. Straight leg raise is bilaterally negative. The assessment was chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator for unknown trial period: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107,101. Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, spinal cord stimulation Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. See the Pain Chapter for Indication

Decision rationale: The medical records provided for review indicate a condition of chronic back pain with degenerative disc disease. There is no documentation of prior surgery to the spine

or CRPS. There are no physical examination findings consistent with radiculopathy or corroboration by MRI or EMG in support of radiculopathy. There is no documentation regarding previous conservative care and treatment response to date. The medical records provided for review do not indicate a medical condition for which ODG guidelines support spinal cord stimulation as treatment.

Psychiatry consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, spinal cord stimulation Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. See the Pain Chapter for Indication

Decision rationale: The medical records provided for review do not support a spinal cord stimulator trial and as such does not support the medical necessity of psychiatry consult prior to stimulator trial. The medical records indicate ongoing care with psychology for depression.