

Case Number:	CM14-0092978		
Date Assigned:	07/25/2014	Date of Injury:	02/11/2010
Decision Date:	09/30/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/19/2014

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 Anesthesiology, has a subspecialty in Texas and is licensed to practice in Pain Medicine. 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 47 year old female who had a work related injury on 02/11/10. The mechanism of injury is not described. The most recent clinical document submitted for review is dated 05/22/14. The injured worker presents to the clinic today for follow up status post L4-5 transforaminal lumbar interbody fusion supplemented by pedicle screws. She has increasing low back pain and bilateral leg pain, walking seems to exacerbate her symptoms. She is unable to flex forward secondary to pain. Her pain is constant despite sitting or lying down. She describes pain in the low back with radiation into her buttocks and down her legs. She has been taking increased doses of medication and feels she is having a new onset of GI upset. Physical examination the injured worker is a pleasant healthy appearing middle-aged woman in acute distress. She is afebrile and vital signs are within normal parameters. She has a markedly antalgic gait. She was unable to flex or extend secondary to pain. When seated she had 5/5 strength in her legs. Palpation of her back demonstrates no deformities. She had mild tenderness. MRI of the lumbar spine dated September of 2013 demonstrates post-surgical changes related to an L4-5 posterior decompression and instrumented fusion. There is no significant stenosis seen. There is suggestion of soft tissue mass in the right L4-5 foramen. X-rays performed in September of 2013 demonstrated intact L4 to L5 construct with no evidence of instability or abnormality. Her EMG and nerve conduction studies of the legs demonstrate chronic bilateral L4 radiculopathy (no date on that report). Diagnosis is persistent low back pain, and right leg pain. There is no documentation that the injured worker has undergone any physical therapy following the surgery, she has been on anti-inflammatories, muscle relaxants, anticonvulsants. There is no psychological evaluation submitted. Prior utilization review on 05/30/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial - Unspecified duration: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Spinal Cord Stimulation.

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

Decision rationale: The request for Spinal Cord Stimulator Trial - unspecified duration is not medically necessary. The clinical documentation submitted for review does not support the request. There is no documentation that the injured worker has undergone any physical therapy following the surgery, she has been on anti-inflammatories, muscle relaxants, anticonvulsants. There is no psychological evaluation submitted. As such, medical necessity has not been established.