

Case Number:	CM14-0097536		
Date Assigned:	07/23/2014	Date of Injury:	08/06/2009
Decision Date:	09/03/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/12/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 42-year-old male who reported an injury on 08/06/2009. The mechanism of injury was not provided. On 06/30/2014, the injured worker presented with complaints of moderate to severe back and leg pain. Upon examination, there was restricted motion and muscle spasm present. There was a positive straight leg raise to the right and decreased sensation to the left L5 and left S1. The diagnoses were status post L4-S1 decompression transforaminal lumbar interbody, fusion with instrumentation, lumbar spondylosis, history of smoking and prior therapy included medications. The provider recommended a spinal cord stimulator trial. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

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 Stimulators Page(s): 105-106.

Decision rationale: The California MTUS Guidelines state that implantable spinal cord stimulators are rarely used and should be reserved for injured workers with low back pain for more than 6 months duration who have not responded to standard nonoperative or operative interventions. Indications for the use of stimulator implantation are failed back syndrome, chronic regional pain syndrome, post amputation pain, post herpetic neuralgia, spinal cord injury, and pain associated with multiple sclerosis as well as peripheral vascular disease. The guidelines recommend spinal cord stimulators for injured workers who have undergone at least 1 previous back operation who are not a candidate for repeat surgery with symptoms of primarily lower extremity radicular pain, a psychological clearance, no current evidence of substance abuse issues, and no contraindications to a trial, permanent placement requires evidence of 50% pain relief and medication reduced or functional improvement after the temporary trial period. The documentation lacked evidence of failed back surgery and failed conservative treatment along with evidence of psychological clearance. As such, the request is not medically necessary and appropriate.