

Case Number:	CM13-0028847		
Date Assigned:	05/21/2014	Date of Injury:	09/22/1997
Decision Date:	05/01/2015	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/23/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 51 year old female who sustained an industrial injury to her lower back on September 22, 1997. The injured worker was diagnosed with post lumbar laminectomy syndrome. Recent treatments included hydrotherapy, pain medication, home exercise program and daily walks. There were no documented reports or dates of surgery performed and magnetic resonance imaging (MRI) studies. According to the primary treating physician's progress report on June 21, 2013, the patient continues to experience low back pain with weakness to her lower extremities. Examination demonstrated decreased muscle tone with sensory deficits in a non-dermatomal distribution. The injured worker ambulates with a walker. There was an approval for a L4-L5-S1 and L5-S1 bilateral transforaminal epidural steroid injection (ESI) without documentation when or if administered. Current medications are listed as Tramadol. Treatment plan consists of a trial spinal cord stimulator (SCS) implant and to continue with exercise and pain medication as needed.

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 Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, spinal cord stimulators Page(s): 101.

Decision rationale: The request for an independent medical review is dated 9/23/2013 and pertains to a utilization review denial date of 8/22/2013. The request was for a spinal cord stimulator trial, related to her lumbar spine injury. The injured worker has a diagnosis of Post laminectomy syndrome of lumbar region and complains of low back and bilateral lower extremity pain. Physical examination revealed nondermatomal hypesthesia in the lower extremities and generalized weakness in the lower extremities. Deep tendon reflexes were 2/4 bilaterally. A spinal cord stimulator trial was recommended. California MTUS chronic pain guidelines indicate psychological evaluations are recommended prior to a spinal cord stimulator trial. The documentation submitted does not include a psychological evaluation. As such, the request for a spinal cord stimulator trial was not supported and the medical necessity of the request was not substantiated.