

Case Number:	CM14-0106781		
Date Assigned:	07/30/2014	Date of Injury:	01/06/2002
Decision Date:	01/09/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/10/2014

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 Orthopedic Spine Surgery, and is licensed to practice in Texas. 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 53-year-old male who reported injury on 01/06/2002. The mechanism of injury was not provided. Surgical history included a right shoulder surgery and lumbar fusion. The documentation of 05/15/2014 revealed the injured worker had complaints of chronic pain in his lumbar spine with radiation to the lower extremities bilaterally. The physician documented that the injured worker had a spinal cord stimulator implantation and the request was made for a revision of the spinal cord stimulator. The medications were noted to include Senokot #60 tablets; fentanyl patches 75 mcg 15 patches, MSIR 30 mg 120 tablets, Zanaflex 4 mg 1 tablet by mouth #60 tablets, Cymbalta 30 mg #30 tablets and Temazepam 30 mg #30 tablets. The physical examination revealed the injured worker had spasm and tenderness in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. The injured worker had decreased sensation in the L5 and S1 dermatomes. The injured worker had an antalgic gait and was utilizing a cane for assistance. The treatment plan included a revision surgery in reference to the spinal cord stimulator. The diagnoses included lumbosacral radiculopathy and history of spinal cord stimulator implantation and dysfunctional spinal cord stimulator. The documentation indicated this request had been made repeatedly. However, the original date of request could not be established through supplied documentation. There was documentation indicating on 11/27/2013 revealing the injured worker was denied a Neurostimulator trial. The documentation of 09/11/2014 revealed the injured worker had not been authorized for a spinal cord stimulator trial. Subsequent documentation of 10/14/2014 revealed it had still been denied. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient revision of lumbar spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-107.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that a spinal cord stimulator is recommended for selected injured workers in cases when less invasive procedures have failed or are contraindicated for specific indications including failed back surgery syndrome. The documentation indicated the injured worker had not undergone a spinal cord stimulator trial. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for outpatient revision of lumbar spinal cord stimulator is not medically necessary.