

Case Number:	CM14-0194089		
Date Assigned:	12/01/2014	Date of Injury:	03/05/2010
Decision Date:	01/14/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/19/2014

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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 3/5/10. She was seen by her primary treating physician on 11/10/14 for evaluation of an MRI. This showed lumbar spine post-surgical changes of L4-5 vertebra with no definitive recurrent or residual bulges or protrusions. She had persistent mild disk desiccation with a 1-2mm central disk bulge at the L2-3 level with flattening of the ventral aspect of the thecal sac at this site. Her physical exam showed a normal gait and normal spine alignment. She had 'positive tenderness' and limited range of motion with a positive tension sign, normal reflexes and normal sensation. Her diagnoses were displacement of lumbar disc, DDD of lumbar or lumbosacral and spinal stenosis of lumbar region. At issue in this review is the request for a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of spinal stimulator lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 34-41 and 105-107.

Decision rationale: This injured worker has chronic back pain after an injury sustained in 2010. Spinal cord stimulators are considered a more invasive method of treatment that can be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. They are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, following a successful temporary trial. There is limited evidence in favor of Spinal Cord Stimulators for Failed Back Surgery Syndrome and Complex Regional Pain Syndrome (CRPS). Given the limited evidence to support a spinal cord stimulator in CRPS and also that the records do not support that comprehensive multidisciplinary medical management is concurrently in use, the medical necessity of a spinal cord stimulator is not substantiated in the records. Therefore the request is not medically necessary.