

Case Number:	CM14-0201605		
Date Assigned:	12/12/2014	Date of Injury:	03/27/2004
Decision Date:	02/03/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/02/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 27, 2004. In a utilization review report dated November 4, 2014, the claims administrator denied a request for a spinal cord stimulator trial. The claims administrator referenced a progress note of October 7, 2014 in its rationale. Somewhat incongruously, the claims administrator wrote at the bottom of his report that the applicant had not had a precursor psychological evaluation prior to obtaining the spinal cord stimulator trial. At the top of the report, the claims administrator stated that the applicant had "underwent psychological screening" and been deemed a good candidate for the proposed spinal cord stimulator trial. The October 7, 2014 progress note was referenced. On said October 7, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the legs, left greater than right. The applicant reported severe intractable pain and disability. 7/10 to 8/10 pain complaints were noted. The applicant had apparently undergone a psychological evaluation and had been deemed a good candidate for a spinal cord stimulator trial. The applicant was given a diagnosis of chronic low back pain status post failed lumbar spine surgery. Lyrica and a spinal cord stimulator trial were suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of spinal cord stimulator: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Stimulator Implantation Topic.Psychological Evaluations, IDDS & SCS Topic. Pag.

Decision rationale: As noted on page 107 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the indicators for spinal cord stimulator implantation includes failed back syndrome, i.e., the diagnosis reportedly present here. While this recommendation is qualified by commentary made on page 101 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that a psychological evaluation is recommended pre spinal cord stimulator trial, in this case, however, the applicant has seemingly undergone said precursor psychological evaluation, it was seemingly established on the October 7, 2014 progress note, referenced above. Moving forward with the proposed spinal cord stimulator trial is, thus, indicated here. Therefore, the request is medically necessary.