

Case Number:	CM14-0202170		
Date Assigned:	12/12/2014	Date of Injury:	04/04/1994
Decision Date:	02/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 70 year old male with an injury date on 04/04/1994. Based on the 10/29/2014 progress report provided by the treating physician, the diagnoses are:1. Post laminectomy instability L4-5. Degenerative changes L3-4, L4-5. Spondylolisthesis L3-4. Transitional level, beware plain x-ray.2. Prostate cancer3. Allergic to Levaquin.According to this report, the patient complains of back pain with leg weakness and heaviness. Pain in the back is worse than the pain in the leg. Pain is rated as a 7/10. "Pain is worse with standing and walking, better with laying down or pills. He has constipation, some bladder urgency in the evening, difficulty walking and limping due to pain." Physical exam reveals "loss of lumbar lordosis, mild tenderness and restricted motion." Examination of the lower extremities shows minimal restriction of hips and diminished reflexes. The 09/09/2014 report indicates patient's back pain is a 5/10 and it is "stable."Treatment to date includes Tonsillectomy, Prostatectomy, Laminectomy, and injections. The treatment plan is to consider "alternative techniques including spinal cord stimulation technology" and injections. There were no other significant findings noted on this report. The utilization review denied the request for spinal cord stimulation on 11/21/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 03/11/2014 to 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulator Page(s): 105-107.

Decision rationale: According to the 10/29/2014 report, this patient presents with back pain with leg weakness and heaviness. The current request is for spinal cord stimulation. Regarding spinal cord stimulator, MTUS guidelines pages 105-107 "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions," such as failed back syndrome, Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), Post amputation pain, Spinal cord injury dysesthesia, pain associated with multiple sclerosis and peripheral vascular disease. Review of the provided reports show that the patient has failed back surgery syndrome from the Laminectomy of L4-5. However, the treating physician does not document that the patient had a "psychological clearance indicates realistic expectations and clearance for the procedure" as required by the ODG guidelines. Therefore, the current request is not medically necessary.