

Case Number:	CM14-0209191		
Date Assigned:	12/22/2014	Date of Injury:	07/17/2009
Decision Date:	02/11/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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 Emergency 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:

Patient with reported date of injury on 7/17/2009. Patient has a diagnosis of postlaminectomy syndrome of lumbar spine, lumbosacral spondylosis and lumbar disc displacement. Medical reports reviewed. Last report available until 10/30/14. Patient complains of low back pain. Patient had received PRP injection of spine with some improvement. Also has R foot and ankle numbness. Pain is 6-7/10. Objective exam reveals no midline tenderness. R sacroiliac joint tenderness on palpation. No paraspinal spasm. Strength is normal. Negative straight leg raise. Ambulates without assistance. The provider recommends spinal cord stimulator. No justification was noted. Patient has ongoing physical therapy and pool therapy. Medications include Lyrica, Tramadol, Diclofenac, Zaleplon, Cymbalta, pantoprazole, Buspirone and doxazisin. Independent Medical Review is for Spinal Cord stimulate trial. Prior Utilization Review on 11/25/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial with Dr. [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain- Low back, Lumbar and Thoracic. California Code of Regulations, Title 8. Effective July 18, 2009

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

Decision rationale: As per MTUS Chronic pain guidelines, Spinal Cord Stimulators (SCS) may be recommended under specific conditions. It may be recommended for diagnosis of Failed Back Surgery with failed conservative management. Documentation fails to show failure of conservative management. Patient has ongoing physical therapy and has improvement with injections. Patient has also not gotten psychological clearance as mandated by guidelines before a trial can be recommended. Spinal Cord Stimulator trial is not medically necessary.