

Case Number:	CM15-0002932		
Date Assigned:	01/13/2015	Date of Injury:	06/03/2013
Decision Date:	03/23/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old male who reported an injury on 06/03/2012. The injured worker reportedly suffered a low back strain while bending over to test a water meter. The current diagnoses included spinal stenosis of the lumbar region and displacement of lumbar disc. The latest physician progress report submitted for review is documented on 11/07/2014. Upon examination there was tenderness to palpation with limited range of motion. Recommendations at that time included an epidural steroid injection and a CT scan of the lumbar spine to evaluate for fusion. There was no Request for Authorization form submitted for review.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101,105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 105-107.

Decision rationale: California MTUS Guidelines recommend spinal cord stimulators only for selected patients in cases when less invasive procedures have failed or are contraindicated. According to the documentation provided, the injured worker does maintain a diagnosis of failed back syndrome. However, there is no documentation of an exhaustion of conservative management. It was noted that the injured worker was pending authorization for a lumbar epidural steroid injection. There was also no documentation of a psychological screening. Given the above, the request is not medically appropriate.