

Case Number:	CM15-0009915		
Date Assigned:	01/27/2015	Date of Injury:	11/17/2010
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63 year old male, who sustained an industrial injury on 11/17/2010. The injured worker has complaints of lower back pain associated with numbness, weakness and tingling in left lower leg and extremity and radiates to the left hip, thigh, leg and foot. The diagnoses have included lumbar disc herniation without myelopathy, lumbar degenerative joint disease/degenerative disc disease; left lower extremity radiculopathy; lumbago and status post lumbar fusion surgery in 2012 and hardware removal in 2013. Computed Tomography (CT) scan of the lumbar spine without contrast performed on 8/4/14 demonstrated inferior endplate compression deformity at the L2 vertebral body, new since the previous Magnetic Resonance Imaging (MRI) and there were multi-level degenerative changes of the lumbar spine, with multi-level spinal canal and neural foraminal compromise. Magnetic Resonance Imaging (MRI) of the lumbar spine without contrast on 1/27/14 demonstrated evidence of prior L4-5 laminectomy with L4-5 lumbar interbody fusion and previous posterior rod and pedicle screw fixation at L4-5 which was subsequently removed; there was a large amount of enhancement within the posterior paraspinous soft tissues extending to the thecal sac at the level of the laminectomy as well as the anterior and posterior epidural space at L4-5 and L5-S1. There was no evidence of abnormal enhancement within the thecal sac itself, but there is mild clumping of the cauda equine nerves at this level, which had normal appearance and distribution proximally and distally. PR from 12/13/14 noted that the injured worker had increase numbness left leg and occasional weakness. The documentation noted that he had physical therapy but was unable to tolerate. The documentation noted that here had not been much pain relief with epidural steroid injection.

According to the utilization review performed on 12/23/2014, the requested Spinal Cord Stimulator Trial has been non-certified. The utilization review noted that there was no documentation of patient not being an operative candidate; no clear course of exhaustion of medications including AES medications; no psychological assessment; the CA MTUS, CA MTUS chronic pain guide page 113 were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Page(s): 101.

Decision rationale: No, the request for a spinal cord stimulator trial is not medically necessary, medically appropriate, or indicated here. As noted on page 101 of the MTUS Chronic Pain Medical Treatment Guidelines, a psychological evaluation is recommended pre-intrathecal drug delivery system implantation and prespinal cord stimulator implantation trial. Here, there was/is no clear or compelling evidence that the applicant had in fact received a precursor Psychological evaluation prior to the spinal cord stimulator trial being proposed. The handwritten progress notes of December 13, 2014 and December 8, 2014, contained no references of the applicant having completed a precursor psychological evaluation. Therefore, the request was not medically necessary.