

Case Number:	CM15-0108873		
Date Assigned:	06/15/2015	Date of Injury:	07/13/2010
Decision Date:	07/15/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/05/2015

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: New York

Certification(s)/Specialty: Neurological Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66 year old male sustained an industrial injury to the low back on 7/10/13. Recent treatment included medications. Magnetic resonance imaging (2/19/15) showed multilevel degenerative disc disease with fusion from L4-S1, disc protrusions and spinal stenosis. In a pain management reevaluation dated 5/22/15, the injured worker complained of worsening low back and gluteal pain that radiated to bilateral arms and right lower extremity, rated 8/10 on the visual analog scale. The injured worker wished to proceed with spinal cord stimulator trial. Current diagnoses included low back pain, sacroiliitis, chronic pain syndrome, lumbar spine spondylosis without myelopathy, and lumbar post laminectomy syndrome. The treatment plan included spinal cord stimulator trial, a psychological evaluation and medications refills (Butrans and Methadone).

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Implant of Neurostimulator Trial: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Spinal Cord Stimulator with programming of generator QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Implant of 16 neurostimulator electrodes QTY:16.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Removal of electrodes at completion of trial QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

IV Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Spinal Cord Stimulator Lead Placement Trial with up to one hour fluoroscopy for guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, Spinal cord Stimulators, Indications for stimulator implantation Page(s): s 101,102, and 107.

Decision rationale: The California MTUS guidelines recommend a "stepped-care" approach to pain management that involves psychological intervention. Documentation does not show this has been initiated. The patient's pain syndrome has not been identified in the documentation as a failed back syndrome. Documentation shows radiation of pain inconsistent with physiologic origin. The requested treatment: Spinal Cord Stimulator Lead Placement - Trial is NOT Medically necessary and appropriate.

Percutaneous Implantation of Neurostimulator Trial Bilaterally: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.