

Case Number:	CM15-0015753		
Date Assigned:	02/03/2015	Date of Injury:	12/15/2009
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/27/2015

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 38-year-old female who reported an injury on 12/15/2009. The injured worker was noted to undergo a lumbar fusion at L5-S1 with decompression and neurolysis on 10/21/2013, laminotomy with discectomy at L5-S1 on 11/29/2010, and lumbar decompression and fusion of L5-S1 on 04/29/2012. The therapies included physical therapy postoperatively and an epidural steroid injection. The medications included Flexeril, ibuprofen, and Percocet. Mechanism of injury was repetitive heavy lifting and transferring of patients from wheel chairs into reclining chairs. The documentation of 07/22/2014 included a psychological and mediation qualified medical evaluator opinion. The injured worker was noted to have failed to bring a questionnaire that was mailed to her. The injured worker was scheduled to be out of town for a few days and agreed to return to on 07/18/2014 and failed to return to the office for the evaluation on 07/18/2014. The injured worker was noted to have a failure to appear on 07/21/2014; however, the injured worker indicated she had been to the other office building, but could not find the physician's suite. There was a Request for Authorization submitted for review dated 12/30/2014. The documentation of 09/16/2014 revealed the injured worker had a psych evaluation in order to move forward with the dorsal cord stimulator trial. The medications included Percocet 5/325 mg. The injured worker had decreased right sensation at L4-5 on the right. Diagnoses included postlaminectomy syndrome, lumbar, lumbar radiculopathy, lumbar stenosis spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dorsal cord stimulation trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Low Back Complaints, Spinal cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, Spinal Cord Stimulators, Spinal Cord Stimulator Page(s): 101, 105, 10.

Decision rationale: The California Medical Treatment Utilization Schedule indicate that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. It further indicates that for stimulator implantation an injured worker should have the diagnosis of failed back syndrome with persistent pain in patients who have undergone at least one back surgery. Additionally, it recommends a psychological evaluation for a spinal cord stimulator (SCS) trial. The clinical documentation submitted for review indicated the injured worker had failed lumbar spine surgery. However, there was a lack of documentation of an official psychological evaluation clearing the injured worker for the intervention. Given the above, the request for dorsal cord stimulation trial is not medically necessary.