

Case Number:	CM15-0018504		
Date Assigned:	02/06/2015	Date of Injury:	05/14/1998
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/30/2015

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 53-year-old male who reported an injury on 05/14/1998 after a fall off a ladder. The injured worker's diagnoses included unspecified myalgia and myositis, muscle spasm, postlaminectomy syndrome in the cervical region, lumbago, thoracic/lumbosacral neuritis/radiculitis, postlaminectomy syndrome in the lumbar region, and cervicalgia. The injured worker's treatment history included medication management, physical therapy, psychological support, and lumbar interbody fusion. The patient was evaluated on 01/14/2014. It was noted that the patient had 10/10 that was not affected by medications. The injured worker's medications were noted to be Cymbalta, Depakote, fentanyl, methadone, Neurontin, Norflex, Percocet, and trazodone. Physical evaluation revealed severe numbness and tingling of the left lower extremity and numbness and tingling of the right upper extremity. The injured worker's treatment plan at that appointment included continuation of medications and consideration of a spinal cord stimulator trial. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Spinal Cord Stimulator Trial between 1/22/2015 and 3/8/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations, IDDS & SCS (Intrathecal Drug Delivery Systems & Spinal Cord Stimulators) Page(s): 101, 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105.

Decision rationale: One spinal cord stimulator trial between 01/22/2015 and 03/08/2015 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends a spinal cord stimulator trial for appropriately identified candidates who have failed to respond to conservative treatment following spine surgery and who have chronic intractable back pain. The clinical documentation does indicate that the injured worker has failed to respond to all other types of treatment and has chronic intractable low back pain. However, the California Medical Treatment Utilization Schedule also recommends a psychological evaluation prior to a spinal cord stimulator trial to establish the injured worker's ability to be compliant with procedure treatment. The clinical documentation submitted for review does indicate that the injured worker is undergoing psychological treatment. However, there was no indication that the injured worker is a candidate for a spinal cord stimulator trial from a psychological standpoint. As such, the requested 1 spinal cord stimulator trial between 01/22/2015 and 03/08/2015 is not medically necessary or appropriate.