

Case Number:	CM15-0131563		
Date Assigned:	07/17/2015	Date of Injury:	06/22/2004
Decision Date:	09/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/07/2015

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: Pennsylvania, Ohio, California
 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 67-year-old male who sustained an industrial injury on 6/22/2004 resulting in low back and bilateral buttock pain. He was diagnosed with lumbosacral spondylosis without myelopathy; radiculopathy; failed back syndrome; and, postlaminectomy syndrome of the lumbar region. Treatment has included lumbar laminectomy; medication; and, acupuncture, chiropractic treatments, and physical therapy, which are noted to have not been effective. The injured worker continues to report severe, radiating low back pain. The treating physician's plan of care includes spinal cord stimulator trial with 2 leads and 2 peripheral leads; and, pre-operative clearance history and physical including electrocardiography, chest x-ray, and labs. He is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator (SCS) Trial (with 2 leads and 2 peripheral leads): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation Page(s): 38.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends spinal cord stimulation only after careful counseling and patient identification. This treatment should unequivocally be integrated with a verifiable, actionable, measurable functional restoration program since spinal cord stimulation by itself cannot be anticipated to produce long-term pain relief. The records in this case do not clearly document a plan for spinal cord stimulation as part of such a verifiable functional restoration program. Therefore, this request is not medically necessary.

Pre-op clearance history: 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.

Pre-op physical: 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.

Pre-op Electrocardiography (EKG): 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.

Pre-op chest x-ray: 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.

Pre-op labs for the SCS 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.