

Case Number:	CM15-0133038		
Date Assigned:	07/22/2015	Date of Injury:	07/07/2014
Decision Date:	08/25/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/09/2015

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, Illinois

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 motor vehicle accident injury on 07/07/2014. The injured worker was diagnosed with L5 compression fracture. The injured worker is status post lumbar decompression and fusion L4-S1 in November 2014. Current diagnoses are cervical sprain/strain, chest wall contusion, lumbar spine contusion and lumbosacral sprain. Treatment to date has included diagnostic testing with electro diagnostic studies on April 29, 2015, surgery, physical therapy, home exercise program, ambulatory devices, lumbar brace and medications. According to the primary treating physician's progress report on April 13, 2015, the injured worker continues to experience neck pain and low back pain with numbness in his left toes. Evaluation noted a flexed forward seated position and inability to stand erect. There was tenderness to palpation from L4-S1 and a well healed scar. Decreased sensation to the left foot was noted. The cervical spine had mild paracervical pain with movement and good range of motion. Current medications are listed as Norco 10/325mg, Tramadol, Robaxin, Neurontin and Colace. Treatment plan consists of continuing with home exercise program and strengthening exercises, physical therapy, increase ambulation and the current request for spinal cord stimulator (SCS) trial.

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, Spinal cord stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators); Spinal cord stimulators (SCS) Page(s): 101; 105-106.

Decision rationale: The injured worker sustained a work related injury on L4-S1 in November 2014. The medical records provided indicate the diagnosis of cervical sprain/strain, chest wall contusion, lumbar spine contusion and lumbosacral sprain. Treatments have included back surgery, physical therapy, home exercise program, ambulatory devices, lumbar brace and medications. The medical records provided for review do not indicate a medical necessity for Spinal cord stimulator trial. The medical records indicate the injured worker has continued to suffer from intractable back pain despite more than seven months of back surgery; he has remained off work. Although the MTUS regards failed back syndrome as one of the indications for Spinal Cord Stimulator trial, the MTUS recommends this should be preceded by a psychological evaluation.