

Case Number:	CM15-0134150		
Date Assigned:	07/22/2015	Date of Injury:	04/14/2009
Decision Date:	08/20/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/10/2015

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 Jersey, New York
 Certification(s)/Specialty: Family Practice

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 62 year old female, who sustained an industrial injury on 04/14/2009. She has reported injury to the low back. The diagnoses have included low back pain; chronic lumbar L5 radiculopathy, status post L4-5 fusion; lumbar intervertebral disc disorder with myelopathy; history of multiple back surgeries, lumbar spine; status post L4-L5 decompression and fusion with instrumentation, in 2012; and failed back surgery syndrome, lumbar spine, with chronic lower back and left leg radiculitis and radiculopathy. Treatment to date has included medications, diagnostics, injections, acupuncture, physical therapy, and surgical intervention. Medications have included Norco, Gabapentin, Soma, Amitriptyline, and Temazepam. A progress report from the treating physician, dated 06/04/2015, documented an evaluation with the injured worker. Currently the injured worker complains of chronic lower back and left lower extremity radiating pain; she describes pain from the lumbar region down the left leg and into the foot; and she also gets numbness in the lower leg, foot, and all five toes as well as weakness in the area of the left foot. Objective findings included tenderness to palpation throughout the lumbosacral region; straight leg raising test is positive in the left leg for radicular pain; decreased sensation in the left L4 and L5 distribution; motor examination reveals weakness of knee extension and left foot dorsiflexion of the great toe; and reflexes are symmetric. The treatment plan has included the request for spinal cord stimulator trial for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators, psychological evaluation Page(s): 105-107, 101.

Decision rationale: The request is considered not medically necessary at this time. The patient has been on multiple medications without relief of pain. She failed back surgery. There were no notes for physical therapy, acupuncture, chiropractic sessions. It is unclear if she had any improvement with these modalities of treatment so it cannot be said that she has failed all conservative treatment. The patient also did not have a psychological evaluation which is recommended prior to a spinal cord stimulator trial, according to MTUS.