

Case Number:	CM15-0144327		
Date Assigned:	08/05/2015	Date of Injury:	12/27/2007
Decision Date:	09/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/25/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 50-year-old female who sustained an industrial injury on 12/27/07. Injury occurred when she slipped and fell over some boxes. She underwent a lumbar fusion at L4/5 and L5/S1 in 2012 with persistent radicular low back pain. She has been with failed back surgery syndrome. Conservative treatment had included medications, physical therapy, aquatic therapy, injections and activity modification with continued significant low back and radicular symptoms. She underwent a spinal cord stimulator trial on 1/28/14 with 60% pain relief, including resolution of her leg symptoms. She wished to proceed with spinal cord stimulator implant. Records documented on-going requests for permanent implantation with authorization documented in the file on 2/5/15. Authorization was requested for stimulator implant and neuromonitoring for the low back. Records indicated that the spinal cord stimulator was subsequently implanted on 7/21/15. The 7/24/15 utilization review non-certified the request for stimulator implant and neuromonitoring for the low back as the original trial was completed on 1/28/14 and there was rationale why the spinal cord stimulator was never implanted. Additionally, there are noted recommendations for on-going psychological care so her overall psychological condition should be addressed prior to consideration of permanent spinal cord stimulator implant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stimulator implant and neuromonitoring for the low back: 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 stimulators (SCS) Page(s): 105-107.

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria was met. This injured worker had significant radicular low back pain. She had failed less invasive procedures with persistent symptoms. A spinal cord stimulator trial was completed in January 2014 with 60% pain reduction, including resolution of her leg symptoms. There is evidence of multiple requests and certification was provided initially on 2/5/15 and extended to cover permanent implantation on 7/21/15. There is no compelling rationale to support the medical necessity of additional certification at this time as the procedure has been authorized and completed. Therefore, this request is not medically necessary.