

Case Number:	CM15-0164888		
Date Assigned:	09/02/2015	Date of Injury:	10/11/2013
Decision Date:	10/13/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/21/2015

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 47-year-old male who sustained an industrial injury on 10/11/13. Injury was reported relative to cumulative trauma over the course of his employment as a deputy sheriff. Past surgical history was positive for two left knee arthroscopies on 2/24/10, and on 3/18/11. The 7/30/15 treating physician report cited constant low back pain with right leg numbness and weakness. Physical exam documented tenderness over the thoracic spine. The diagnosis included lumbar musculoligamentous sprain with lower extremity radiculitis, disc bulges at L2/3, L3/4, L4/5, and L5/S1 with right L4, L5, and S1 radiculopathy. The treatment plan included acupuncture, physical therapy, medications, and off work. The 4/30/15 treating physician report cited low back pain radiating to the right lower extremity along the posterior aspect of the foot. He was treated with epidural steroid injection with good effect for one month, then pain returned full force. Physical exam documented intact and equal sensation, good dorsalis pedis, and straight leg raise 90 degrees. The diagnosis included lumbar disc syndrome, radiculopathy, and stenosis. The injured worker was not a surgical candidate. The treatment plan included dorsal column stimulator trial and permanent implant. Authorization was requested for permanent placement of a dorsal column stimulator. The 7/24/15 utilization review non-certified the request for permanent placement of a dorsal column stimulator. The rationale was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dorsal column stimulator, permanent placement: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

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 have not been met. This injured worker presents with chronic lower back pain and radiculopathy. There is no evidence that he has undergone a prior surgery or prior spinal cord stimulator trial. He has not been diagnosed with complex regional pain syndrome. There is no evidence of a psychological screen. Therefore, this request is not medically necessary.