

Case Number:	CM15-0167053		
Date Assigned:	09/04/2015	Date of Injury:	01/18/2013
Decision Date:	10/07/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 59 year old male, who sustained an industrial injury on January 18, 2013. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included surgery (lumbar fusion), medication, pain management, medications and home exercise program. Currently, the injured worker complains of low back pain that radiates down into his legs and is rated at 4 on 10. The pain is interfering with his ability to sleep. The injured worker is currently diagnosed with lumbago, lumbar radiculopathy, failed back surgery syndrome and degenerative disc disease. His work status is temporary total disability. A progress note dated March 4, 2015 states the injured worker is experiencing some pain relief from medication. A progress note dated June 24, 2015 states the injured worker experiences a reduction in pain from 7 on 10 to 4 on 10 with medications. A spinal cord stimulator trial is requested to reduce pain.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Spinal cord stimulation Page(s): 105.

Decision rationale: This 59 year old male has complained of low back pain since date of injury 1/18/2013. He has been treated with surgery, physical therapy and medications. The current request is for spinal cord stimulator trial. Per the MTUS guidelines cited above, a spinal cord stimulator trial is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific the specific condition of intractable radiculopathy. The available medical records do not include documentation of symptomatology or physical exam findings that are consistent with radiculopathy. Based on the available medical records and per the guidelines cited above, a spinal cord stimulator trial is not medically necessary.