

Case Number:	CM15-0187363		
Date Assigned:	09/29/2015	Date of Injury:	11/15/2005
Decision Date:	11/06/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/23/2015

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: Arizona, California
 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:

This is a 72 year old female with a dated of injury on 11-15-05. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain secondary to lumbar degenerative disc disease. Progress report dated 9-1-15 reports continued complaints of lower back pain rated 5 out of 10. She had bilateral L4-5 and L5-S1 transforaminal epidural steroid injection on 8-17-15 and reports greater than 50% pain relief. Objective findings: lumbar range of motion is limited, palpation of lumbar facets produces pain, the sacroiliac joints are non tender to palpation. Treatments include: medication, physical therapy and injections. Request for authorization was made for a spinal cord stimulator, lumbar spine (purchase). Utilization review dated 9-18-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord stimulator, lumbar spine (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic Chapter.

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

Decision rationale: Spinal cord stimulators may be used for failed back syndrome or CRPS for a temporary trial. The physician considered SCS if an epidural injection did not provide relief. In this case, the claimant did have 50% pain relief with the ESI. In addition, the guidelines recommend a trial to determine response. There is no indication or recommendation to purchase a unit. The request for the spinal cord stimulator purchase is not medically necessary.