

Case Number:	CM15-0039935		
Date Assigned:	03/10/2015	Date of Injury:	01/12/1992
Decision Date:	04/14/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 73-year-old male, who sustained an industrial injury on 1/12/92. He reported pain in the back related to strain. The injured worker was diagnosed as having chronic lumbar radiculitis, lumbar post laminectomy syndrome and chronic myofascial dysfunction. Treatment to date has included home exercise program and pain medications. As of the PR2 dated 11/14/14, the injured worker reports continued chronic pain, difficulty sleeping and decreased activities of daily living. He indicated that Tramadol relieves pain and increases his activities of daily living. The treating physician noted positive paravertebral spasms at L4-L5, L5-S1 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS); Psychological evaluations, intrathecal drug delivery systems and spinal cord stimulators.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, spinal cord stimulators (SCS), pages 38.

Decision rationale: MTUS guidelines states that spinal cord stimulators are only recommended for selected patients as there is limited evidence of its functional benefit or efficacy for those failed back surgery syndrome and complex regional pain syndrome. It may be an option when less invasive procedures are contraindicated or has failed. Criteria include psychological evaluations screening along with documented successful trial prior to permanent placement for those patients with specific diagnoses of failed back syndrome; complex regional pain syndrome; post-amputation pain; post-herpetic neuralgia; spinal cord dysesthesia/injury; multiple sclerosis or peripheral vascular diseases. Submitted reports have not demonstrated support to meet these criteria as no medical clearance from a psychologist has been noted and no failed conservative treatment are documented to support for SCS. The spinal cord stimulator is not medically necessary and appropriate.