

Case Number:	CM15-0049765		
Date Assigned:	03/23/2015	Date of Injury:	02/07/2005
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/16/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 37 year old male who sustained an industrial injury on 2/7/05. The injured worker reported symptoms in the neck and back. The injured worker was diagnosed as having chronic low back pain and right lower extremity radicular pain; leg pain worse than back pain, status post previous lumbar surgery; failed back surgery syndrome, right lower extremity sensory and motor radiculopathy with numbness and weakness; positive electro diagnostic studies for nerve damage. Treatments to date have included oral pain medication, physical therapy, activity modification, injection, chiropractic treatments, acupuncture treatment, and status post lumbar discectomy. Currently, the injured worker complains of pain in the neck and back. The plan of care was for spinal cord stimulator and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Spinal Cord Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The patient is a 37 year old male with an injury on 02/07/2005. He has chronic low back pain. In 2012 he had a lumbar discectomy with no improvement in the back pain. He has a documented lumbar radiculopathy on electrical studies. He has failed surgery, opiates, physical therapy and acupuncture. He requires multiple doses of Norco, Butrans patch and Tramadol and continues to have pain. He has a decreased lumbar range of motion and right lumbar radiculopathy. MTUS, ACOEM guidelines note that a trial of a spinal cord stimulator is rarely needed and is reserved for those patients with back pain for at least 6 months who have failed routine conservative and operative treatment. He meets those criteria and the spinal cord stimulator trial is consistent with MTUS, ACOEM guidelines. Therefore, the request is not medically necessary.