

Case Number:	CM15-0081173		
Date Assigned:	05/01/2015	Date of Injury:	09/13/2001
Decision Date:	06/02/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/28/2015

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, Pain Management

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 75 year old male injured worker suffered an industrial injury on 9/13/2001. The diagnoses included lumbar strain/sprain syndrome, lumbar fusion, post laminectomy syndrome, and bilateral lower extremity radiculopathy. The diagnostics included lumbar x-rays, magnetic resonance imaging and electromyographic studies. The injured worker had been treated with home exercise program and medications. On 1/12/2015, the treating provider reported multiple trigger points throughout the lumbar muscles and reduced lower extremity reflexes. On 3/17/2015, the treating provider reported lower back pain and bilateral lower extremity pain. On exam there is limited lumbar range of motion. The provider reported that there were junctional facet hypertrophic changes. The treatment plan included Spinal cord stimulator trial lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulations (SCS) Page(s): 101 and 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 38, 101, 105-107 of 127.

Decision rationale: Regarding the request for a spinal cord stimulator trial, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, there is no documentation that the patient has undergone a successful psychological clearance evaluation. In the absence of such documentation, the currently requested spinal cord stimulator trial is not medically necessary.