

Case Number:	CM13-0037445		
Date Assigned:	12/13/2013	Date of Injury:	04/14/1993
Decision Date:	02/03/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49 year old male with a date of injury listed as 04/14/93. The patient reportedly has a history of chronic low back pain. The patient reportedly has multilevel degenerative disc disease. Though the patient reports leg pain, it is not reported in a specific dermatomal pattern. The patient has not undergone prior surgical treatment. A spinal cord stimulator trial has been requested.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators.

Decision rationale: A spinal cord stimulator trial cannot be recommended as medically necessary for this patient. Spinal cord stimulators have very specific requirements per California MTUS Guidelines. California MTUS Guidelines suggest spinal cord stimulator trials for patients with failed back syndrome. This encompasses patients who have failed prior lumbar spine surgical procedures who are not candidates for surgical treatment. Though the treating

provider suggests that the patient is not a surgical candidate, this is not sufficient to justify placement of a spinal cord stimulator trial. The patient also does not meet the requirement for complex regional pain syndrome, which is another indication for a spinal cord stimulator. Degenerative disc disease has not been shown in peer review scientific studies to benefit from spinal cord stimulator placement. For all these reasons, spinal cord stimulator trial is simply not recommended for this patient and is not consistent with California MTUS Guidelines.