

Case Number:	CM13-0070118		
Date Assigned:	06/11/2014	Date of Injury:	04/03/2007
Decision Date:	07/18/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/24/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/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 injured worker is a 46-year-old female with a reported injury on 04/03/2007. The mechanism of injury was not reported in clinical note. The clinical note dated 05/27/2014 reported, the injured worker complained of low back pain that radiated to her bilateral lower extremities. The clinical note dated 06/03/2014 reported the injured worker complained of chronic pain in her lumbar spine. Upon physical examination there was spasm and tenderness noted to the paravertebral muscle of the lumbar spine with decreased range of motion on flexion and extension. It was also reported there was decreased sensation to the L5-S1 dermatomal distribution bilaterally. The injured worker's prescribed medication list included Prozac for depression; gabapentin for neuropathic pain; and Norco for somatic pain. The injured worker's diagnoses included lumbosacral radiculopathy, knee tendonitis, and knee bursitis. It was also reported the injured worker was status post 3 lumbar spine surgeries. The specific lumbar surgeries with dates of operations were not provided within the clinical note. The provider requested pain management consultation for spinal cord stimulator and psychiatric consultation for spinal cord stimulator trial clearance. The rationales were not provided in clinical note. The request for authorization form was submitted on 12/19/2013. The injured worker's prior treatments were not provided in the clinical note.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MGT. CONSULTATION FOR SPINAL CORD STIMULATOR: 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 Opioids (Criteria for Use) Page(s): 78.

Decision rationale: The request for pain management consultation for spinal cord stimulator is not medically necessary. The injured worker complained of lumbar pain. The provider's rationale for pain management consultation for spinal cord stimulator was not provided in the clinical documentation. The California MTUS Guidelines state the consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided. There is a lack of documentation indicating the injured worker has significant functional deficits. It is noted the injured worker had three previous back surgeries; however, there is a lack of clinical documentation describing the specific surgeries and dates the procedures were performed. In addition, there is a lack of clinical information indicating the injured worker has failed back syndrome. Furthermore, it is noted the injured worker's conservative treatment has been deferred; however, there is a lack of clinical information indicating the injured worker's pain was unresolved with physical therapy, home exercises, and/or NSAIDs. As such, the request is not medically necessary.

PSYCH CONSULTATION FOR SPINAL CORD STIMULATOR TRIAL CLEARANCE:
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 Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators Page(s): 101.

Decision rationale: The request for psych consultation for spinal cord stimulator trial clearance is not medically necessary. The injured worker complained of lumbar pain. The provider's rationale for psych consultation for spinal cord stimulator trial clearance was not provided in the clinical note. The California MTUS Guidelines recommend psychological evaluation for pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided; there was a lack of documentation indicating the injured worker has significant functional deficits. It was noted the injured worker had three previous back surgeries; however, there is a lack of clinical documentation describing the specific surgeries and dates the procedures were performed. In addition, there is a lack of clinical information indicating the injured worker has failed back syndrome. Furthermore, it is noted the injured worker's conservative treatment has been deferred; however, there is a lack of clinical information indicating the injured worker's pain was unresolved with physical therapy, home exercise, and/or NSAIDs. As such, the request is not medically necessary.

