

Case Number:	CM14-0122412		
Date Assigned:	08/06/2014	Date of Injury:	10/29/2012
Decision Date:	10/09/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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 and Rehabilitation and is licensed to practice in California. 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:

According to the records made available for review, this is a 36-year-old male with a 10/29/12 date of injury and decompressive laminectomy (unspecified date). At the time (7/1/14) of the request for authorization for durable medical equipment (DME) - spinal cord stimulator, there is documentation of subjective (low back pain, weakness right greater than left posterior regions) and objective (decreased lumbar range of motion, antalgic gait with inability for heel and toe raise due to pain) findings, current diagnoses (degeneration of lumbar or lumbosacral intervertebral disc and thoracic or lumbosacral neuritis or radiculitis, unspecified), and treatment to date (medication and epidural steroid injections). In addition, there is documentation that the patient is not a surgical candidate and a psychological evaluation has been performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.medscape.com/viewarticle/474908_4

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators; CRPS, spinal cord stimulators Page(s): 105-107, 38.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), primarily lower extremity pain, less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of failed back syndrome. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar or lumbosacral intervertebral disc and thoracic or lumbosacral neuritis or radiculitis, unspecified. In addition, there is documentation of failed back syndrome, primarily lower extremity pain, less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial.. Therefore, based on guidelines and a review of the evidence, the request for durable medical equipment (DME) - spinal cord stimulator is medically necessary.