MAXIMUS Federal Services

Case Number:	CM14-0127363		
Date Assigned:	08/15/2014	Date of Injury:	04/20/2012
Decision Date:	10/21/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/11/2014

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 Nevada. 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 65 year old male whose date of injury is 04/20/2012. The mechanism of injury is not described. Psychological evaluation dated 05/06/14 indicates that the injured worker was psychologically cleared for spinal cord stimulator trial. Per note dated 06/13/14, lumbar spine pain is rated as 9/10. On physical examination there is spasm and tenderness over the lower lumbar spine. Lumbar range of motion is decreased. The injured worker utilizes a cane for ambulation. There is decreased sensation over multiple dermatomes in the bilateral lower extremities. Diagnoses are lumbar disc herniations, intractable lumbar pain and lumbar radiculopathy. Treatment to date is noted to include medication management, radiofrequency ablation, acupuncture, epidural steroid injections, facet injections and physical therapy.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter. - Indications for stimulator implantation include:

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator Page(s): 105-107.

Decision rationale: Based on the clinical information provided, the request for spinal cord stimulator trial is not recommended as medically necessary. The submitted records fail to establish that the injured worker presents with a condition for which spinal cord stimulation would be supported by CA MTUS guidelines. There is no documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), Post amputation pain (phantom limb pain), Post herpetic neuralgia, Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury), Pain associated with multiple sclerosis, or Peripheral vascular disease.