

Case Number:	CM14-0132280		
Date Assigned:	08/29/2014	Date of Injury:	04/19/2002
Decision Date:	10/10/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family Medicine 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:

The injured worker is a 46 year old male who sustained injury to his low back on 04/19/02. A clinical note dated 08/12/14 reported that the injured worker saw a neurosurgeon who felt another surgery would not be beneficial, but that a spinal cord stimulator might be helpful. Physical examination noted lumbar spine paraspinous muscle tenderness from L1 through S1; no spinous process tenderness, DTRs symmetrical in the bilateral lower extremities; sensation and motor function intact in the bilateral lower extremities; straight leg raising is positive on the left at 30 degrees. MRI reportedly revealed right nerve root impingement at L5; however, there was no imaging study provided for review. The treating physician noted that the injured worker would have had a better outcome if he had had surgery within 2 years of his original injury and would have been able to reverse his foot drop, but since the injured worker's surgery was not until 6 years after the injury, he has ended up with irreparable damage to his peripheral nervous system. It was recommended that a trial for a spinal cord stimulator to better control his pain was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Spinal Cord Stimulators (SCS) Page(s): 105-107.

Decision rationale: The previous request was denied on the basis that there was no rationale provided for the requested spinal cord stimulator. The CAMTUS states that neurostimulation is generally considered to be ineffective in treating nociceptive pain. There is no indication that the injured worker has been diagnosed with complex regional pain syndrome or reflex sympathetic dystrophy. There was no indication that the injured worker underwent a psychological evaluation in the medical records submitted for review. The CAMTUS states that diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work related. The supporting evidence is significantly supplemented and enhanced when combined with the individually based observational evidence gained through an individual trial prior to implant. There is no indication that the injured worker underwent spinal cord stimulation trial prior to the request for spinal cord stimulator implant. Given this, the request for spinal cord stimulator is not indicated as medically necessary.