

Case Number:	CM14-0139798		
Date Assigned:	09/08/2014	Date of Injury:	08/09/2011
Decision Date:	10/10/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal Medicine, Pulmonary Diseases 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 60-year-old male who reported an injury on 08/09/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 07/25/2014 indicated diagnoses of lumbar post laminotomy pain syndrome, status post lumbar spine laminectomy at L4-5 and L5-S1, residual lumbar spine stenosis, chronic pain syndrome, reports of sleep disturbance, and reports of urinary incontinence. The injured worker reported questions regarding spinal cord stimulation. The injured worker reported he was hesitant to proceed and hoped to speak to individuals that had spinal cord stimulators implanted. The injured worker remained on Butrans patch and Gabapentin for pain control. On physical examination, the injured worker continued with left foot drop and an ankle foot orthosis prosthesis. The injured worker's gait was labored and he had painful lumbar spine range of motion with referred back pain on straight leg raise, left greater than right. The injured worker's treatment plan included awaiting authorization for psychological clearance for spinal cord stimulator trial and a medication management authorization request for Butrans patch and Gabapentin. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Butrans patch and Gabapentin. The provider submitted a request for a spinal cord stimulator trial. A request for authorization was not submitted for review to include the date the treatment was 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: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Trial.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-106..

Decision rationale: The request for Spinal Cord Stimulator Trial is not medically necessary. The California MTUS guidelines recommend spinal cord stimulators (SCS) for selected patients in cases when less invasive procedures have failed or are contraindicated, and following a successful temporary trial. The indications for stimulator implantation include failed back syndrome with neuropathic pain. There is a lack of documentation indicating less invasive procedures had failed or were contraindicated. There is a lack of a psychological evaluation for a spinal cord stimulator trial. In addition, the submitted request does not specify the duration of the trial. Therefore, the request is not medically necessary.