

Case Number:	CM14-0158672		
Date Assigned:	10/02/2014	Date of Injury:	01/18/2007
Decision Date:	10/31/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/26/2014

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 Orthopedic Surgery 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:

This is a 47-year-old female who injured her low back on 01/18/07. The clinical records provided for review documented that the claimant is status post lumbar discectomy in 2003 with continued complaints of pain. The records also documented that a spinal cord stimulator was implanted in 2009 followed by an L4-5 lumbar fusion in 2012. The clinical progress report dated 08/07/14 reveals continued complaints of low back pain and physical examination shows restricted lumbar range of motion but no documentation of radicular findings. There is no recent clinical imaging for review. The recommendation was made for re-implantation of a spinal cord stimulator and associated devices. There is no documentation of a recent psychological evaluation or psychological clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implant Neurostimulator x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Guidelines 2009 Spinal Cord Stimulators (SCS)

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for spinal cord stimulator implantation is not recommended as medically necessary. While it is noted that the claimant had previously undergone a spinal cord stimulator in 2009, there is also documentation of a post-stimulator surgery in the form of an L4-5 fusion in 2012. The current clinical records fail to demonstrate any evidence of imaging or any documentation of radicular complaints to the lower extremities. While a stimulator may ultimately be appropriate in this individual, the lack of physical examination findings, clinical imaging, and no indication of prior psychological clearance would fail to support the implantation of the above device.

Pulse Generator x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Guidelines 2009 Spinal Cord Stimulators (SCS)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated services are medically necessary.

Implant Leads #2 Electrodes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Guidelines 2009 Spinal Cord Stimulators (SCS)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated services are medically necessary.

Programmer x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Guidelines 2009 Spinal Cord Stimulators (SCS)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated services are medically necessary.