

Case Number:	CM14-0166120		
Date Assigned:	10/13/2014	Date of Injury:	08/24/2012
Decision Date:	11/13/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/08/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice 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 27-year-old male with an 8/24/12 date of injury. At the time (8/25/14) of the request for authorization for 1 trial of lumbar spine cord stimulator, there is documentation of subjective (continuing aching, burning pain across his lower back bilaterally with aching, burning, numb pain down the anterior, lateral and posterior left leg and foot) and objective (atrophy of the left gastrocnemius, straight leg raising is positive on the left, diffusely 5-/5 left lower extremity strength, reflexes are diminished on the left, pain with lumbar range of motion, decreased sensation in the posterior lateral aspect of the left calf and left foot diffusely) findings, current diagnoses (status post lumbar spine surgery for an L4-5 large disc herniation, persistent low back pain, persistent left lower extremity paresthasias, presurgical diagnosis of left S1 radiculopathy and left L5 radiculitis, lumbar spinal stenosis, lumbar myofascial pain, and chronic pain syndrome), and treatment to date (medication, physical therapy, and injections). There is no documentation of a psychological evaluation prior to a trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Trial of lumbar spine cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator (SCS).

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

Decision rationale: 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 status post lumbar spine surgery for an L4-5 large disc herniation, persistent low back pain, persistent left lower extremity paresthesias, presurgical diagnosis of left S1 radiculopathy and left L5 radiculitis, lumbar spinal stenosis, lumbar myofascial pain, and chronic pain syndrome. In addition, there is documentation of failed back syndrome, primarily lower extremity pain, and less invasive procedures have failed. However, there is no documentation of a psychological evaluation prior to a trial. Therefore, based on guidelines and a review of the evidence, the request for 1 trial of lumbar spine cord stimulator is not medically necessary.