MAXIMUS Federal Services

Case Number:	CM14-0183602		
Date Assigned:	11/10/2014	Date of Injury:	04/04/2009
Decision Date:	12/17/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/04/2014

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 Surgeon, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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 42-year-old female who reported an injury on 04/04/2009. The mechanism of injury was not stated. The current diagnoses include status post left shoulder arthroscopy with subacromial decompression on 02/05/2011, left wrist tendonitis, left wrist carpal tunnel syndrome, status post PLIF at L5-S1 on 09/15/2012, status post hardware block on 06/21/2014, status post dorsal column stimulator trial with positive relief on 09/22/2014, left knee internal derangement, anxiety/depression, and insomnia. The injured worker was evaluated on 09/30/2014 with complaints of persistent lower back pain with an increase in radiating symptoms in the bilateral lower extremities. The injured worker underwent a trial dorsal column stimulator on 09/22/2014 with positive relief minimizing radiating pain in the bilateral lower extremities. The patient showed an improvement in function after the dorsal column stimulator trial and wishes to proceed with permanent implantation. Previous conservative treatment also includes medication management. The current medication regimen includes Norco 10/325 mg, Prilosec 20 mg, Ambien 10 mg, and Lyrica 75 mg. The physical examination revealed 50 degree flexion, 10 degree extension, 15 degree right and left lateral bending, positive straight leg raise at 65 degrees bilaterally, spasm, and 3+ tenderness at the lumbar hardware and paraspinal muscles. Treatment recommendations included permanent implantation of the dorsal column stimulator and continuation of the current medication regimen. A Request for Authorization form was then submitted on 09/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent dorsal column stimulator for the lumbar spine as an outpatient: 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 Page(s): 101, 105-107.

Decision rationale: California MTUS Guidelines recommend spinal cord stimulators for selected patients in cases when less invasive procedures have failed or are contraindicated and following a successful temporary trial. The Official Disability Guidelines state permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after the temporary trial. Although the patient reported an improvement in symptoms and function, there was no objective evidence of at least 50% improvement in symptoms or function, and medication reduction. Therefore, the current request cannot be determined as medically appropriate at this time.