

Case Number:	CM14-0214079		
Date Assigned:	01/02/2015	Date of Injury:	09/11/2000
Decision Date:	02/24/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 66 year old male patient who sustained a work related injury on 9/11/2000. The exact mechanism of injury was not specified in the records provided. The current diagnoses include post-laminectomy syndrome and lumbar radiculopathy Per the doctor's note dated 17/11/14, patient has complaints of chronic back pain 5/10 with radiation to both lower extremities with numbness and burning in bilateral feet spasms of the left thigh. Physical examination revealed normal range of motion, antalgic gait, and multiple trigger points in lower lumbar paraspinals. The current medication lists include Hydrocodone ibuprofen, gabapentin and amitriptyline, lidoderm 5% patch, baclofen, Amitriptyline Diagnostic imaging reports were not specified in the records provided. The patient's surgical history include back surgery laminectomy. Any operative/ or procedure note was not specified in the records provided. The patient has received an unspecified number of physical therapy in the pool and chiropractic visits for this injury. The patient has used a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Spinal Cord Stimulator or Medtronic Pump: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Per the cited guidelines spinal cord stimulator is "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain."In addition per the cited guidelines psychological evaluation is "Recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial."A detailed psychological evaluation is not specified in the records provided. The injured worker's surgical history include back surgery - laminectomy. Any operative/ or procedure note was not specified in the records provided. There is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS).In addition per the records provided injured worker has had physical therapy for this injury. Response to the prior conservative therapy is not specified in the records provided. Prior conservative therapy notes are not specified in the records provided. The medical necessity of the request for One Spinal Cord Stimulator or Medtronic Pump is not fully established in this injured worker; therefore, the request is not medically necessary.