MAXIMUS Federal Services

Case Number:	CM14-0216728		
Date Assigned:	01/06/2015	Date of Injury:	07/24/2010
Decision Date:	03/20/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male patient, who sustained an industrial injury on 07/24/2010. A primary treating office visit dated 11/24/2014 reported subjective complaint of cervical spine as unchanged, lumbar spine with constant severe low back pain radiating to left leg more; left leg gives out. His left knee is reported as extremely painful since he fell in August. Objective findings showed cervical spine as unchanged. Lumbar spine extension at 15 degrees, flexion at 40 degrees and lateral bend right 10 degrees and left at 20 degrees. There is tenderness to palpatiion of the L-4 spinous processes, lumbar paravertebral muscles and sacrum. Left supine straight leg raise is positive on the left at 40 degrees to the calf; right side caused pain. His left knee range of motion is noted as painful with tenderness to palpation over the anterior knee,lateral joint line, lateral knee, medical joint line, popliteal fossa and posterior knee. He is diagnosed with status post surgery cervical spine, left knee internal derangement, anxiety and depression. Radiogrpahy diagnostic tessting on 11/03/2014 revealed transitional anatomy with sacralization on the right with developmental abnormalities contributing to asymetric arthritic changes. Bilateral pedicle fixation at L4-L5 is seen in good position without fracture or loosening of hardware; there is sold posterior or anterior fusion at L4-5 level. Sclerosis of the right L-4 Pars seen which could be related to stress reaction or healing of a prior fracture and facet arthiritc changes onthe right L4-5 and L5- S1. On 12/09/2014 Utilization Review non-certified a request for a spinal cord stimulator, ntoing the CA MTUS Chronic Pain, spinal cord stimulator was cited. The injured worker submitted an apllication for independent medical review of services.

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 Stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-107.

Decision rationale: The patient presents with back pain. The current request is for a Spinal Cord Stimulator Trial. The treating physician states, "complaining of low back pain radiating to bilateral lower extremities associated with numbness, burning, and tingling. The pain is constant." (C.35) Under spinal cord stimulation, the MTUS Guidelines page 105 to 107 states, "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis and peripheral vascular disease. MTUS page 101 also requires psychological evaluation prior to spinal cord stimulator trial. In this request and in review of the reports provided, there is no indication that psychological clearance has been performed. All requirements of the guidelines have not been met and medical necessity has not been established. Recommendation is for denial.