

Case Number:	CM15-0017263		
Date Assigned:	02/05/2015	Date of Injury:	04/17/1997
Decision Date:	03/30/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	01/29/2015

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

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 50-year-old male who reported an injury on 04/17/1997. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with low back pain, lumbar radiculopathy, degenerative disc disease, and lumbar facet arthropathy. The injured worker presented on 01/08/2015 for a followup evaluation with complaints of worsening low back pain with radiation into the bilateral lower extremities. The injured worker was utilizing a lumbar spinal cord stimulator to manage pain over the past 9 years. Previous conservative treatment also included nerve blocks, epidural steroid injections, chiropractic treatment, medication management, physical therapy, TENS therapy, acupuncture, and group therapy. Upon examination, there was tenderness to palpation across the lumbar spine, an antalgic gait, bilateral lumbar spasm, and 5/5 motor strength. Recommendations at that time included a lumbar spinal cord stimulator revision to include MRI compatible stimulating leads and rechargeable battery. A Request for Authorization form was then submitted on 01/19/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 catheter revision: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend spinal cord stimulators for selected patients in cases when less invasive procedures have failed. In this case, it is noted that the injured worker received authorization for a spinal cord stimulator revision on 01/22/2015. An additional device revision would not be supported. As the medical necessity has not been established, the request is not medically appropriate at this time.