

Case Number:	CM15-0126426		
Date Assigned:	07/15/2015	Date of Injury:	04/01/2011
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/30/2015

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: New York
 Certification(s)/Specialty: Neurological Surgery

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 39 year old female sustained an industrial injury on 4/01/11. She subsequently reported back pain. Diagnoses include lumbar degenerated disc disease, lumbar postlaminectomy syndrome and lumbar radiculopathy. Treatments to date include x-ray and MRI testing, lumbar spine surgery, physical therapy and prescription pain medications. The injured worker continues to experience pain low back pain and bilateral leg pain. Upon examination, there is severe lumbar paraspinal tenderness bilaterally. Gait was antalgic. Sitting straight leg raises were positive bilaterally. There was numbness throughout the left thigh, lateral leg and foot with light touch. Left leg strength is significantly decreased compared to the right. A request for Lumbar spinal cord stimulator trial with 2 leads, Implant and remove leads x 2 each, Associated surgical service: Anesthesia and Associated surgical service: reprogram stim was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implant and remove leads x 2 each: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Lumbar spinal cord stimulator trial with 2 leads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, chronic pain, IDDS and SCS Page(s): 101.

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

Decision rationale: The California MTUS guidelines state that more trials are needed to confirm whether spinal cord stimulation (SCS) is an effective treatment for certain types of chronic pain. Documentation discloses a psychological evaluation was pending. Documentation shows the patient is obese but does not demonstrate a program for weight reduction or home exercise. The California MTUS guidelines state that SCS works best for neuropathic pain. Documentation does not furnish evidence of failure of first line medication treatment for neuropathic pain. The requested treatment: Lumbar spinal cord stimulator trial with 2 leads is NOT Medically necessary and appropriate.

Associated surgical service: Reprogram stim: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.