

Case Number:	CM15-0024098		
Date Assigned:	02/11/2015	Date of Injury:	10/10/2008
Decision Date:	04/01/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/09/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic 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 48 year old female sustained an industrial injury on 10/10/08, with subsequent ongoing lumbar spine pain. Treatment included lumbar decompression and fusion (5/31/14), physical therapy, medications and epidural steroid injections. In a PR-2 dated 12/23/14, the injured worker complained of ongoing lumbar spine pain with numbness into the legs. The injured worker reported no benefit from epidural steroid injections in the past. Physical exam was remarkable for lumbar spine with tenderness to palpation with muscle guarding and spasms, positive straight leg raise and restricted range of motion. Current diagnoses included status post L4-5 anterior posterior decompression and fusion with instrumentation, lumbar radiculopathy and chronic low back pain. The treatment plan included considering a spinal cord stimulator trial and continuing medications (Norco 10/325, Flexeril and Lunesta). The injured worker had initiated physical therapy through private insurance. In a PR-2 dated 1/22/15, the physician noted that the injured worker declined a recommendation to undergo spinal cord stimulator placement. On 1/15/15, Utilization Review non-certified a request for a spinal cord stimulator trial, noting lack of psychological evaluation submitted for review and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

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 Stimulator Page(s): 105-106 , 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators, Psychological Evaluations pre- spinal cord stimulator Page(s): 101, 105, 106, 107.

Decision rationale: California MTUS chronic pain guidelines recommend spinal cord stimulators for selected patients in cases when less invasive procedures have failed or are contraindicated. There is limited evidence in favor of Spinal Cord Stimulators for Failed Back Surgery Syndrome. It is more helpful for lower extremity than low back pain. Furthermore, the injured worker states that opioid medications reduce her pain levels from 8/10 to 4/10. The guidelines state that a psychological evaluation is recommended prior to the spinal cord stimulator trial. The documentation provided does not include a psychological evaluation. The pain is more in the lower back as compared to the legs. As such, the request for a spinal cord stimulator trial is not supported and the medical necessity of the request is not substantiated.