

Case Number:	CM15-0063444		
Date Assigned:	04/09/2015	Date of Injury:	07/19/2011
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/03/2015

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: Preventive Medicine, Occupational Medicine

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 54-year-old male, with a reported date of injury of 07/19/2011. The diagnoses include left sacroiliac joint strain, L2-3 and L3-4 herniated disc with lumbar radiculopathy, degeneration of the lumbar or lumbosacral intervertebral disc, lumbar spinal stenosis without neurogenic claudication, and thoracic or lumbosacral neuritis or radiculitis. Treatments to date have included an MRI of the lumbar spine and oral medications. The progress report dated 02/13/2015 indicates that the injured worker complained of chronic constant intermittent, unremitting pain in the lower back and left leg. He rated the pain 9 out of 10. The objective findings include neuropathic pain in the lower back and leg, left foot drop, inability to dorsiflex the left foot, weakness in the left leg, and an unsteady gait. The treating physician requested consultation and treatment with specialist for a spinal cord stim insertion for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and Treat with Dr Brazill for a Spinal Cord Stm Insertion for Chronic Pain Qty 1:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Spinal Cord Stimulation.

Decision rationale: MTUS Guidelines recommend the trial of a spinal cord stimulator for a very limited number of diagnosis. ODG Guidelines provide additional updated guidance and its more up to date recommendation is even more restrictive. The Guideline indications are for use with Complex Regional Pain Syndrome or Failed Back Syndrom (Post laminectomy syndrome). Even if there is a component of neuropathic pain from other diagnosis such as a radiculopathy, the use of a spinal cord stimulator is not recommended. There are no unusual circumstances to justify an exception to Guidelines. The request for spinal cord stimulation is not supported by Guidelines and is not medically necessary.