MAXIMUS Federal Services

Case Number:	CM13-0013468		
Date Assigned:	06/06/2014	Date of Injury:	08/12/2008
Decision Date:	08/07/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 68-year-old female who injured her left wrist on 08/12/08. The medical records provided for review document current complaints of low back pain. The report of an MRI dated 06/12/13 identified marked central canal stenosis and disc bulging at L4-5 and L5-S1 resulting in a mass effect on the exiting L5 nerve root. It is documented that conservative treatment has consisted of medication management, activity modification, epidural steroid injections and formal physical therapy. The 04/18/14 procedure note documents that the claimant had recently undergone an L4-5 lumbar fusion with instrumentation six weeks earlier. The recommendation at that time was made for formal physical therapy and medication management. The current request is for a spinal cord stimulator for the lumbar spine and a mild procedure in the form of a minimally invasive decompression.

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.

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

Decision rationale: The California MTUS Chronic Pain Guidelines do not support the request for a spinal cord stimulator trial. The medical records document that at the time of the 04/18/14 procedure, the claimant was six weeks following an L4-5 lumbar fusion. At this point in the claimant's surgical rehabilitation, there would be no indication for an acute spinal cord stimulator trial that close proximity to the claimant's recent lumbar surgery. Without documentation of complete rehabilitation in the postoperative setting, the need of a spinal cord stimulator trial cannot be supported. Therefore, the request is not medically necessary.

MILD PROCEDURE (MINIMALLY INVASIVE LUMBAR DECOMPRESSION): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS Chronic Pain Guidelines would also not recommend a minimally invasive lumbar decompression for the purpose of the spinal cord stimulator trial. As sited above, a spinal cord stimulator is not indicated in the individual who is noted to be status post a recent 2014 one level lumbar fusion. The request for the mild procedure also would not be necessary. Therefore, the request is not medically necessary.