

Case Number:	CM13-0016593		
Date Assigned:	12/11/2013	Date of Injury:	04/01/2009
Decision Date:	01/31/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and is licensed to practice in Florida. 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 physician 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 patient is a 52-year-old male who suffered an injury on 04/01/2009 while performing his usual and customary job duties of his occupation as a fleet service clerk and baggage handler for [REDACTED]. He reportedly was reaching to lift a bag to pass to a coworker which wound up being a bag filled with weightlifting items that should have been tagged as heavy weight baggage. The patient subsequently sustained a left inguinal hernia. He underwent surgical repair on 05/14/2009; however, his pain continued after the surgical procedure. The patient began having a burning pain which worsened, especially when he was trying to get up from sleeping or a lying down position. After continuation with severe pain, the patient subsequently underwent an injection for his discomfort and was also prescribed some medications. In 01/2010, [REDACTED] recommended the patient be treated with nerve blocks. The patient underwent nerve blocks in 04/2010 and 09/2010 and again in 01/2011 and 04/2011. The patient stated that each time he received injections it would help for 1 to 1.5 months. In 05/2012, [REDACTED] referred the patient to consider a spinal cord stimulator as a method of controlling him pain. Due to psychiatric stress and nerve system issues, the patient has also been having depression and anxiety with regard to his injury.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, spinal cord stimulators (SCS) Page(s): 38.

Decision rationale: Under California MTUS, it states that spinal cord stimulators should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. Spinal cord stimulators have been associated with pain reduction in studies of patients with CRPS. Moreover, there is evidence to demonstrate that SCS is a cost-effective treatment for CRPS-1 over the long term. However, the patient has not been diagnosed with CRPS; rather, he has an ilioinguinal neuralgia related to the hernia he sustained on the date of his injury. He did undergo a psychological consultation with [REDACTED], psychologist who stated the patient was an appropriate candidate for a spinal cord stimulator trial; though he did state that the patient needed cognitive behavioral therapy. However, the patient does not meet guidelines criteria for a spinal cord stimulator trial at this time. As such, the requested service is non-certified.