

<b>Case Number:</b>	CM13-0020898		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/05/1993
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Neuromuscular Medicine, 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 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:

██████████ is a 79 year old man who sustained a work related injury on May 5 1993. The patient has a history of lumbosacral laminectomy on 1993, brain surgery for subdural hematoma, knee surgery, on 1994, Medtronic implant for left side Parkinson's 2006, spinal cord implant 2012. The patient was reported to complain of back and legs pain with some falls. His neurological examination was not focal. The provider previously requested spinal cord stimulator adjustment with Medtronic preventative which was approved. He also requested a second opinion for pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second opinion for pain management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral Page(s): 171.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In this case, there no clear need for a second opinion. However if spinal cord stimulator programming ( which was previously approved) fails to improve the

patient pain, a second opinion could be considered. Therefore, a second opinion consultation is not medically necessary.