

Case Number:	CM13-0038668		
Date Assigned:	12/18/2013	Date of Injury:	04/25/2008
Decision Date:	03/14/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/30/2013

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 Spine Surgery, and is licensed to practice in New York. 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:

38 yo male with a doi of 4/25/2008. He has chronic neck pain and right arm pain. Physical exam shows neck tenderness and shoulder pain on range of motion. There is right arm allodynia and sensation is diminished. The patient is noted to be cooperative with treatment and he has good mental capacity. Diagnoses include complex regional pain syndrome in the right upper extremity, cervical myalgia and myofascial disorder, right shoulder adhesive capsulitis, sleep disorder, and depressive disorder. There is no evidence of recent physical therapy treatment. At issue is whether Spinal cord stimulator is medically needed at this time to treat his chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section Spinal Cord Stimulators

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section Spinal Cord Stimulators

Decision rationale: This employee does not meet established ODG criteria for spinal cord stimulator use. The medical records do not indicate that the employee is engaged in an active and comprehensive multidisciplinary medical management program and also there is no evidence that the employee is undergoing a physical therapy program at this time.