

Case Number:	CM13-0069479		
Date Assigned:	01/03/2014	Date of Injury:	08/19/2010
Decision Date:	05/07/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 43 year old female injured in a work related accident on August 19, 2010. The clinical report of November 12, 2014 documented a diagnosis of low back and left leg pain and right knee pain. The report stated that the claimant was status post right knee arthroscopy and diagnosis of post-traumatic degenerative joint disease. Specific to the claimant's low back, examination showed spasm with restricted motion and positive straight leg raising. The report stated that the claimant had undergone a series of epidural injections with intermittent relief. Recommendation was made for placement of a peripheral nerve stimulator. An MRI report dated November 30, 2010 showed at the L5-S1 level a three millimeter disc bulge with moderate left and mild right facet changes without compressive pathology. No further imaging reports were available for review. The only conservative care documented was the series of epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 DAY TRIAL OF PERIPHERAL AURICULAR NERVE STIMULATOR IMPLANTATION FOR THE MANAGEMENT OF CHRONIC LUMBAR PAIN AS OUTPATIENT: 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 Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: Based on CA MTUS Chronic Pain Medical Treatment Guidelines, the request for a trial of a spinal cord stimulator cannot be recommended. The clinical records for review fail to demonstrate compressive pathology to the claimant's lumbar spine that would indicate the need of a nerve stimulator implementation. The records do not indicate significant compressive findings nor does it demonstrate physical examination findings supportive of a radicular process. The claimant's current working diagnosis when carefully reviewed with previous imaging and current objective complaints do not meet the Chronic Pain Guidelines for a spinal cord stimulator trial. Therefore, the requested outpatient trial is not medically necessary or appropriate.