

Case Number:	CM14-0103734		
Date Assigned:	07/30/2014	Date of Injury:	03/06/2002
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/07/2014

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 Neurological 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 records presented for review, indicate that this 57-year-old female was reportedly injured on 3/6/2002. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 5/29/2014, indicated that there were ongoing complaints of left knee pain. The physical examination is handwritten and only partially legible. Left knee had well healed laceration and positive tenderness. No recent diagnostic studies are available for review. Previous treatment included medications, and conservative treatment. A request was made for spinal cord stimulator and was deemed not medically necessary in the pre-authorization process on 6/5/2014.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): CRPS, Spinal Cord Stimulators, page 38 of 127
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Decision rationale: The MTUS Guidelines support the use of spinal cord stimulator trials for individuals with conditions such as complex regional pain syndrome (CRPS). Based on the clinical documentation provided, there is no documentation of any type of radiculopathy or disproportionate pain syndrome. As such, the request is not considered medically necessary.