

Case Number:	CM14-0015261		
Date Assigned:	03/19/2014	Date of Injury:	01/12/2000
Decision Date:	07/07/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopaedic Surgery, and is licensed to practice in Mississippi. 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 individual was injured in January 2000. Treatment to date has included multiple medications, clinical evaluations, enhanced imaging studies. A diagnosis of cervicgia has been presented. There are ongoing complaints of thoracic pain and headache. A failed back surgery syndrome is also noted. The pain levels are described as 9/10. Some relief with medications are noted. The physical examination noted this 5'9" 165 pound individual in no acute distress. A decrease lumbar spine range of motion is reported. Gait is normal. Motor strength is slightly decreased in the bilateral lower extremities. The injured employee continues regularly and was prescribed medications to address the pain complaints. It is also noted that there is a status post right total knee replacement, arthroplasty with chronic knee pain, comorbidities of fibromyalgia in multiple sites. Fatigue syndrome also noted. Changes on EKG are reported. Gastric issues prevent the use of non-steroidal medications. The March 2014 assessment is nearly identical to the findings in early 2013. Current medications include Soma and methadone.

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: Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATORS (SCS) Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) CRPS, Spinal Cord Stimulators Page(s): 38 of 127.

Decision rationale: With any intervention, there needs to be a reasonable expectation of success. This is an individual who has numerous injuries. There were somatic complaints, numerous failures at controlling the pain and little indication of any improved functionality with the medications currently prescribed. It is noted in the MTUS that spinal cord stimulators are recommended for selected patients in certain specific conditions. Based on the numerous comorbidities and numerous complaints, these additions are not met. Combining that with the lack of any reasonable expectation of success in this device is not clinically indicated.