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| Case Number: | CM14-0117035 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 05/13/2011 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 07/25/2014 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 56 year old female with an injury date on 05/113/2011. Based on the 07/08/2014 progress report provided by [REDACTED], the diagnoses are: 1. Low back pain with neuropathic symptoms in the lower extremities into the L5 S1 dermatomes. 2. Lumbar radiculopathy. 3. Pre-existing cervicothoracic sprain/strain with upper extremity neuropathic symptoms. According to this report, the patient complains of low back pain that radiates into both lower extremities, left greater than right. The pain is described as burning, electrical, and lancinating pain. The patient has completed physical therapy with dramatic benefit. Also, the patient received epidural steroid injection on 02/28/2013 with greater than 50% reduction of pain and a most recent ESI on 03/06/2014 with greater than 50% improvements. On a visual analog scale, the patient rates the pain at a 5/10 with medication, and 9/10 without medication. "The patient currently notes 30% to 40% improvement in pain and function with current medication regimen." There were no other significant findings noted on this report. [REDACTED] is requesting spinal cord stimulator trial under fluoroscopic guidance and transportation to and from procedure. The utilization review denied the request on 07/18/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/18/2014 to 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

spinal cord stimulator trial under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Page(s): 101.

Decision rationale: Regarding spinal cord stimulator, MTUS guidelines pages 105-107 "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions," such as failed back syndrome, Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), Post amputation pain, Spinal cord injury dysesthesias, pain associated with multiple sclerosis and peripheral vascular disease. Review of the reports does not show that the patient has failed back surgery syndrome or other diagnosis that would warrant a spinal stimulation trial. There is no discussion regarding psychological evaluation either. The request is not medically necessary.

transportation to and from procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Transportation When recommended by a health care professional for a medical condition, the cost of a nurse or companion may be an eligible medical expense. Submit evidence of medical necessity (i.e., a doctor's note or LOMN that specifically identifies the medical condition and that the expense is for treatment of the medical condition) with the request for reimbursement of a covered individual that is unable to travel alone and requires the assistance of a nurse or companion (e.g., a parent or spouse), the nurse/companion's transportation expenses are eligible medical expenses. Note: Transportation expenses are eligible medical expenses if all persons involved are either you, a spouse or an eligible dependent. Regular commuting costs for an individual with a physical disability are not eligible medical expenses.

Decision rationale: The treating physician is requesting transportation to and from procedure. None of the guidelines discuss transportation other than [REDACTED] who considers it medically necessary if deemed necessary by the treating physician. In this case, the treating physician does not explain why the patient is unable to drive or take public transportation. Furthermore, the request procedure is deemed not necessary and transportation would not be needed. Therefore the request is not medically necessary.