MAXIMUS Federal Services

Case Number:	CM14-0125786		
Date Assigned:	08/13/2014	Date of Injury:	04/14/2009
Decision Date:	09/23/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/08/2014

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 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 53-year-old gentleman who was injured in a work related accident on April 14, 2009. The medical records provided for review included a psychological assessment on May 21, 2014 that determined that the claimant was stable for implementation of a spinal cord stimulator. The claimant's current working diagnoses included posttraumatic headaches, cervical and lumbar radiculopathy, carpal tunnel syndrome and anxiety. The progress report of July 16, 2014 noted continued complaints of headache and low back pain. The report documented that the need for the spinal cord stimulator placement was based on failed conservative care; there was no documentation of a successful trial placement of the spinal cord stimulator. This review is for spinal cord stimulator implementation for "chronic pain". The medical records do not contain any formal imaging reports or documentation of other treatment other than multiple medication agent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Implant for Chronic Pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Spinal Cord Stimulators.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, implementation of a spinal cord stimulator cannot be recommended as medically necessary. The medical records provided for review do not contain documentation of physical findings of an acute radicular process or indication of a previous successful trial of a spinal cord stimulator. Although the records document that the claimant has psychological clearance, the lack of documentation of benefit with a trial of a spinal cord stimulator and absent documentation of an acute radicular process would fail to support the need for permanent implementation of the spinal cord stimulator. The request is not medically necessary and appropriate.