

Case Number:	CM14-0129171		
Date Assigned:	08/18/2014	Date of Injury:	09/15/2009
Decision Date:	10/03/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/13/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 56 year old female was reportedly injured on September 15, 2009. The mechanism of injury is undisclosed. The most recent progress note, dated June 10 2014, indicates that there are ongoing complaints of neck pain. The physical examination demonstrated a 5'6", 210 pound female who was hypertensive (150/90). Diagnostic imaging studies objectified no acute osseous abnormalities. Previous treatment includes electrodiagnostic studies demonstrating a bilateral L5 radiculopathy, enhanced imaging studies, multiple level disc prosthesis, physical therapy, and acupuncture, massage, and pain management interventions. A request was made for neuromuscular stimulation under anesthesia and was not certified in the preauthorization process on July 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator Trial Under Sedation and Flur: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 105 of 127.

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), this type of intervention is limited to those individuals with less invasive procedures have failed or are contraindicated. When noting the date of injury, the injury sustained, the treatment today, the current complaints and findings on physical examination there is no clear clinical indication presented to support the need for such a neural stimulation trial. There is insufficient data presented to support the need for a spinal cord stimulator. Therefore, when taking into account the parameters noted in the MTUS tempered by the clinical data presented for review there is insufficient evidence to support the medical necessity of this intervention.