

Case Number:	CM14-0138578		
Date Assigned:	09/05/2014	Date of Injury:	02/06/2013
Decision Date:	10/14/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/27/2014

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 52-year-old female was reportedly injured on February 6, 2013. The mechanism of injury is noted as a fall. The most recent progress note, dated July 9, 2014, indicates that there are ongoing complaints of neck pain status post cervical spine fusion and low back pain radiating to the left lower extremity. Current medications include OxyContin, Flexeril, and Percocet. The physical examination demonstrated full range of motion of the cervical spine and upper extremities. There was diffuse tenderness along the cervical spine paraspinal muscles, bilateral trapezius, and interscapular region. There was normal range of motion of the lower extremities and slight hypersensitivity to touch at the left anterior thigh. There was tenderness along the lumbar spine at the L4 - L5 and L5 - S1 region and at the hips at the bilateral trochanteric bursa. Diagnostic imaging studies of the lumbar spine revealed bulging disc at L3 - L4, L4 - L5, and L5 - S1. Previous treatment includes a cervical spine fusion and epidural steroid injections. A request had been made for a spinal cord stimulator trial, analyze neurostim complex, and implantable neurostimulator electrode, and epidural steroid injections times two and was not certified in the pre-authorization process on August 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator trail percutaneous implantation of neurostimulator electrode array: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Spinal Cord Stimulator, Updated August 2, 2014.

Decision rationale: According to the Official Disability Guidelines the indication for a spinal cord stimulator trial includes psychological clearance evaluate expectations of such a procedure and documentation that other non-interventional care to include neuroleptic agents, analgesics, injections, and physical therapy have been determined to be unsuccessful. The available medical record does not indicate evidence that the injured employee meets these criteria. As such, this request for a spinal cord stimulator trial is not medically necessary.

Analyze Neurostim Complex: 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 Official Disability Guidelines (ODG) Pain, Spinal Cord Stimulator, Updated August 2, 2014.

Decision rationale: According to the Official Disability Guidelines the indication for a spinal cord stimulator trial includes psychological clearance evaluate expectations of such a procedure and documentation that other non-interventional care to include neuroleptic agents, analgesics, injections, and physical therapy have been determined to be unsuccessful. The available medical record does not indicate evidence that the injured employee meets these criteria. As such, this request for a spinal cord stimulator trial and analyze neurostim complex is not medically necessary.

Implantable Neurostimulator Electrode: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Spinal Cord Stimulator, Updated August 2, 2014.

Decision rationale: According to the Official Disability Guidelines the indication for a spinal cord stimulator trial includes psychological clearance evaluate expectations of such a procedure and documentation that other non-interventional care to include neuroleptic agents, analgesics, injections, and physical therapy have been determined to be unsuccessful. The available medical record does not indicate evidence that the injured employee meets these criteria. As such, this

request for a spinal cord stimulator trial and implantable neurostimulator electrode is not medically necessary.

Epidural Steroid Injection X2: 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 Page(s): 46.

Decision rationale: This request does not indicate if these steroid injections are indicated for the cervical spine or the lumbar spine region as the injured employee has complaints of both. As such, this request for epidural steroid injections times two is not medically necessary and appropriate.