

Case Number:	CM14-0022061		
Date Assigned:	05/09/2014	Date of Injury:	08/30/1982
Decision Date:	07/10/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/21/2014

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 Neurological 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 injured worker is a 55 year old male whose date of injury is 08/30/1982. The mechanism of injury is not described. The injured worker has a longstanding history of depression. Progress report dated 05/31/13 indicates that he complains of neck pain, upper and lower back pain, and right foot pain. Diagnoses are depression with anxiety, chronic pain syndrome, low back pain and lumbar disc disorder. Note dated 10/09/13 indicates that medications are diazepam, hydrocodone/APAP, Tamsulosin, Bupropion and sulfasalazine. Follow up note dated 01/17/14 indicates that he is trying a TENS unit for pain relief. Activity level has remained the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL SPINAL CORD STIMULATOR: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for trial spinal cord stimulator is not recommended as medically necessary. The submitted records fail to establish that the injured worker presents with a condition for which spinal cord stimulation is supported

by California Medical Treatment Utilization Schedule (CAMTUS) guidelines. Additionally, there is no indication that the injured worker has received psychological clearance for the procedure. CAMTUS guidelines require pre-procedure psychological evaluation to assess the injured worker's appropriateness for the procedure and to address any potentially confounding issues. Therefore, the request for a trial spinal cord stimulator is not medically necessary and appropriate.