

Case Number:	CM14-0032387		
Date Assigned:	06/20/2014	Date of Injury:	09/23/2011
Decision Date:	07/21/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/12/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in California & 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 injured worker is a 55 year old female whose date of injury is 09/23/2011. The mechanism of injury is described as moving boxes at work. She is status post L3-S1 discectomy with anterior posterior lumbar fusion on 06/13/13. Lumbar magnetic resonance imaging (MRI) dated 12/27/13 revealed postsurgical changes and fluid collection at the laminectomy site at L4 likely secondary to postsurgical changes. Note dated 02/10/14 indicates that the injured has severe low back pain with right lower extremity pain. Pain management consultation dated 04/14/14 indicates a spinal cord stimulator trial was recommended as well as physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with treatment and Pain Management: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Based on the clinical information provided, the request for evaluation with treatment and pain management is not recommended as medically necessary. There is

insufficient clinical information provided to support this request. There is no clear rationale provided to support the request at this time. It is unclear how the evaluation will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, in accordance with ACOEM Guidelines. Therefore, the request for evaluation with treatment and Pain Management is not medically necessary.

Spinal Cord Stimulator Trial: 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 Spinal cord stimulators Page(s): 105-107.

Decision rationale: Based on the clinical information provided, the request for spinal cord stimulator trial is not recommended as medically necessary. The submitted records fail to document that the injured worker has received psychological clearance for the procedure. CA MTUS Guidelines require pre-procedure psychological evaluation to assess the injured worker's appropriateness for the procedure and to address any potentially confounding issues. The request for spinal cord stimulator trial is not medically necessary.