

Case Number:	CM14-0035206		
Date Assigned:	06/23/2014	Date of Injury:	01/05/2007
Decision Date:	07/24/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 injured worker is a 50-year-old female injured on January 5, 2007. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated March 26, 2014, indicated that there were ongoing complaints of low back pain, muscle spasm and tenderness in the right knee. The physical examination demonstrated tenderness to palpation of the low back, pain in the right knee, a reduced lumbar spine range of motion. Diagnostic imaging studies objectified right knee intra-articular pathology. Previous treatment included lumbar fusion surgery times 2, multiple medications, injections and electrical muscle stimulation. A request had been made for a trial of a spinal cord stimulator and was not certified in the pre-authorization process on March 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulations (SCS) trial fluoroscopy and mod sedation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) CRPS, Spinal Cord Stimulators Page(s): 38.

Decision rationale: When noting the date of injury, the injury sustained, the numerous surgical interventions and the recent reduction in the analgesic and muscle relaxant type medications and by the ongoing complaints of pain and the parameters outlined in the Chronic Pain Medical Treatment Guidelines, there is a clinical indication for a trial of such a stimulator. Some success has been noted in such a trial to be necessary prior to a permanent intervention. As such, this request is medically necessary.