

Case Number:	CM14-0037422		
Date Assigned:	06/25/2014	Date of Injury:	09/29/2003
Decision Date:	09/12/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/27/2014

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 injured worker is a 54-year-old female who was reportedly injured on September 20, 2003. The mechanism of injury was not noted in these records reviewed. The most recent progress note, dated September 9, 2013, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5'3", 148 pound individual with low back pain. Diagnostic imaging studies objectified the postsurgical changes. Previous treatment included lumbar fusion surgery, and a 2nd stabilization surgical procedure, trigger point injections and other pain management interventions. A request was made for Suboxone and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord 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 Page(s): 105.

Decision rationale: Spinal cord stimulators (SCS) should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive

multidisciplinary medical management. SCS use has been associated with pain reduction in studies of patients with Complex Regional Pain Syndrome. Based on the data presented, the criteria for a SCS have not been met and this is not medically indicated.