

Case Number:	CM14-0040468		
Date Assigned:	06/16/2014	Date of Injury:	10/05/2006
Decision Date:	07/17/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/07/2014

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 New York. 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 patient is a 45-year-old female with a date of injury of October 5, 2006. The patient has bilateral knee, shoulder, and elbow and neck pain. She also has depression. She reports 9/10 pain without medications. She has 7/10 pain with medication. She is currently taking narcotic medication. Examination reveals that she is suffering from upper respiratory dysfunction. She has decreased range of motion of the cervical spine and the crease grip strength in the left hand. She is neurologically normal in the upper extremities. She is diagnosed with mild cervical stenosis. She had finger tenosynovitis treated with surgery. She's had gastric bypass surgery. At issue is whether trial spinal cord stimulation is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL CORD STIMULATOR TRAIL: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Spinal Cord Stimulator.

Decision rationale: The medical records do not indicate that the patient has failed less invasive procedures regarding any of her diagnoses. This patient has had previous spinal surgery at L5-

S1 and continues to have back pain. There is no evidence of significant lower extremity findings. The patient also has axial back pain but there is no clear diagnosis of failed back surgery syndrome. The records do not establish that the patient has failed less invasive procedures for back pain including injection therapy. A trial spinal cord stimulator is not medically necessary at this time. More conservative measures aren't needed.