

Case Number:	CM14-0056975		
Date Assigned:	07/09/2014	Date of Injury:	07/30/2012
Decision Date:	08/14/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/28/2014

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 records presented for review indicate that this 38 year-old individual was reportedly injured on 7/30/2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 3/4/2014 indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated left knee: emulation with slow antalgic gait. Difficulty with Hill to toe walk on left foot. Diminished Achilles deep tendon reflexes on the left 1/4 right is 2/4. Patellar reflex 2/4 bilaterally. Extension lacking 5, flexion to 130. Positive patellofemoral crepitus and tenderness. Vastus medialis oblique atrophy. No recent diagnostic studies are available for review. Previous treatment includes injections, physical therapy, and medications. A request had been made for trial dorsal column stimulator, and was not certified in the pre-authorization process on 4/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial dorsal column stimulator: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) CRPS, Spinal Cord Stimulators Page 105 of 127 Page(s): 105 OF 127.

Decision rationale: Dorsal column stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. The National Institute for Health and Clinical Excellence (NICE) of the UK just completed their Final Appraisal Determination (FAD) of the medical evidence on spinal cord stimulation (SCS), concluding that SCS is recommended as a treatment option for adults with chronic neuropathic pain lasting at least 6 months despite appropriate conventional medical management, and who have had a successful trial of stimulation. Recommended conditions include failed back surgery syndrome (FBSS) and complex regional pain syndrome (CRPS). After reviewing the medical documentation provided it is noted the patient has significant relief 40% with recent lumbar sympathetic block. Also prior to consideration for surgical procedure the injured worker must have a psychological evaluation. At this time this is not been performed, therefore this request is deemed not medically necessary.