

Case Number:	CM14-0062676		
Date Assigned:	07/21/2014	Date of Injury:	07/03/2008
Decision Date:	09/26/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/05/2014

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 claimant is a 67-year-old gentleman who sustained a crush injury to the left lower extremity on 07/03/08. The medical records provided for review document a current diagnosis of reflex sympathetic dystrophy and depressive disorder. Physical examination findings on 02/06/14 noted continued left foot pain with persistent paraesthesias and weakness in a nondermatomal distribution. Recommendation at that time was for referral for psychological evaluation and a trial of a spinal cord stimulator. This is a review for neurostimulator monitoring in relationship to the claimant's spinal cord stimulator. The medical records document that the request for the spinal cord stimulator procedure has not been supported by the review process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Analyze Neurostim Complex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101 & 105.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure: Intraoperative neurophysiological monitoring (during surgery).

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines recommend neurophysiological monitoring during spinal or intracranial surgeries when such procedures have a risk of significant complications. However, in this case, neurophysiological monitoring cannot be supported as the request for the claimant's procedure to include a spinal cord stimulator placement has not been supported by the Utilization Review process. There would thus be no direct clinical indication for the neuromonitoring during the above procedure. Therefore, the request to analyze neurostim complex is not medically necessary and appropriate.