

Case Number:	CM14-0065557		
Date Assigned:	07/11/2014	Date of Injury:	09/11/2007
Decision Date:	09/22/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/08/2014

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 Emergency Medicine 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 56 year-old female, who sustained an injury on September 11, 2007. The mechanism of injury occurred when she tripped on the back wheel of a tricycle and fell. Pertinent diagnostics were not noted. Treatments have included: medications, spinal cord stimulator. The current diagnoses are: lumbosacral neuritis, lumbosacral disc displacement, lumbosacral spondylosis, lumbar spinal stenosis, s/p spinal cord stimulator implant. The stated purpose of the request for Pool therapy/exercise 3 x 6, was to provide increased function. The request for Pool therapy/exercise 3 x 6 was denied on April 22, 2014, citing a lack of documentation of medical necessity. The stated purpose of the request for Spinal cord reprogramming 3 x a year was to provide periodic reprogramming. The request for Spinal cord reprogramming 3 x a year was denied on April 22, 2014, citing a lack of documentation of medical necessity. Per the report dated May 27, 2014, the treating physician noted complaints of pain in the mid and low back, with radiation into the right hip and lateral thigh. Exam findings included stable spinal cord stimulator location, pain to the right hip with rotation, normal reflexes and positive bilateral straight leg raising tests. The treating physician also noted that the spinal cord stimulator is stable and uses 4 programs addressing different body parts and should be reprogrammed 2 to 3 times per year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy/exercise 3 x 6: 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 Aquatic Therapy Page(s): 22.

Decision rationale: The requested Spinal cord reprogramming 3 x a year, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Spinal Cord Stimulators, Pages 105-107 note that spinal cord stimulators are "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated." The injured worker has pain in the mid and low back, with radiation into the right hip and lateral thigh. The treating physician has documented a stable spinal cord stimulator location, pain to the right hip with rotation, normal reflexes and positive bilateral straight leg raising tests. The treating physician also noted that the spinal cord stimulator is stable and uses 4 programs addressing different body parts and should be reprogrammed 2 to 3 times per year. It is uncertain as to the number of annual reprogramming that will be medically necessary to maintain optimum effectiveness of the unit. The criteria noted above not having been met, Spinal cord reprogramming 3 x a year, is not medically necessary.

Spinal cord reprogramming 3 x a year: 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 Spinal Cord Stimulators Page(s): 105-107.

Decision rationale: The requested Spinal cord reprogramming 3 x a year, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Spinal Cord Stimulators, Pages 105-107 note that spinal cord stimulators are "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated." The injured worker has pain in the mid and low back, with radiation into the right hip and lateral thigh. The treating physician has documented a stable spinal cord stimulator location, pain to the right hip with rotation, normal reflexes and positive bilateral straight leg raising tests. The treating physician also noted that the spinal cord stimulator is stable and uses 4 programs addressing different body parts and should be reprogrammed 2 to 3 times per year. It is uncertain as to the number of annual reprogramming that will be medically necessary to maintain optimum effectiveness of the unit. The criteria noted above not having been met, Spinal cord reprogramming 3 x a year, is not medically necessary.