

Case Number:	CM14-0089382		
Date Assigned:	07/30/2014	Date of Injury:	04/17/2006
Decision Date:	09/26/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/13/2014

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 records presented for review, indicate that this 53-year-old female was reportedly injured on April 17, 2006. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated June 26, 2014, indicated that there were ongoing complaints of cervical spine pain. The note, dated June 25, 2014, indicated that the spinal question letters had been removed. The surgical wounds were well healed, nontender and no evidence of infection. Diagnostic imaging studies were not presented. Previous treatment included multiple pain management interventions. A request was made for a removal of a spinal cord stimulator and was not certified in the pre-authorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of cervical cord Stimulator and Generator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101,107. Decision based on Non-MTUS Citation official Disability Guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Spinal Cord Page(s): 38 OF 127.

Decision rationale: Given that the spinal cord stimulator has been removed, there is no medical necessity to repeat this procedure. It was noted that the previous request was not certified on May 28, 2014; however, the procedure was completed on June 13, 2014. The progress notes, reviewed, do not indicate that the spinal cord stimulator was nonfunctioning; only that the pain complaints were not ameliorated with this device.

Inpatient 1 day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.