

Case Number:	CM14-0096471		
Date Assigned:	07/28/2014	Date of Injury:	03/28/2001
Decision Date:	09/09/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/24/2014

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 Texas. 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 52-year-old male who reported an injury on 03/28/2001 due to a fall. The injured worker reportedly sustained an injury to his lumbar spine that ultimately resulted in emergency surgery. The injured worker was treated with physical therapy and ultimately developed complex regional pain syndrome of the right lower extremity. The injured worker underwent a psychiatric evaluation on 05/14/2014 that indicated the injured worker was an appropriate candidate for a spinal cord stimulator trial. A request was made for 1 spinal cord stimulator; however, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 spinal cord 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 Spinal cord stimulators (SCS) Page(s): 105.

Decision rationale: The prospective request for 1 Spinal Cord Stimulator is not medically necessary or appropriate. The clinical documentation submitted for review does include a psychological evaluation that determines there are no psychological risk factors to inhibit further

progress of the patient with a Spinal Cord Stimulator trial. However, the clinical documentation did not include a recent assessment from the prescribing physician to support the need for this type of intervention. The clinical documentation does not provide any evidence of lower levels of treatment that have failed to provide symptoms resolution for the injured worker. Additionally, the request as it is submitted does not clearly identify if the requested treatment is for a trial. California Medical Treatment Utilization Schedule does recommend a trial of a Spinal Cord Stimulator prior to permanent implantation. As such, the requested prospective request for 1 Spinal Cord Stimulator is not medically necessary.