

Case Number:	CM14-0097008		
Date Assigned:	09/29/2014	Date of Injury:	10/19/2010
Decision Date:	11/04/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/25/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 40-year-old male who reported an injury on October 19, 2010. The mechanism of injury involved heavy lifting. The current diagnosis is ilioinguinal/genital femoral neuralgia pain. The only documentation submitted for this review is an operative report dated July 24, 2014 indicating that the injured worker underwent spinal cord stimulator system analysis with re-programming and removal of spinal cord stimulator leads. There was no physical examination provided for this review. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Simulators (SCS) Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Spinal cord stimulators (SCS) Page(s): 101,105-107.

Decision rationale: The California MTUS Guidelines state spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are

contraindicated. There should be evidence of failed back syndrome, complex regional pain syndrome, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis, or peripheral vascular disease. There should also be a psychological evaluation prior to a spinal cord stimulator trial. There was no physical examination provided for this review. There were no physician progress reports submitted for this review. There is no documentation of a psychosocial assessment. There is also no documentation of any of the above mentioned diagnoses that would indicate the need for a spinal cord stimulator implantation. Based on the lack of clinical information submitted for this review, the current request is not medically necessary.