

Case Number:	CM14-0099183		
Date Assigned:	07/30/2014	Date of Injury:	08/02/2005
Decision Date:	09/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/27/2014

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 Neurological 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 records, presented for review, indicate that this 48-year-old male was reportedly injured on August 2, 2005. The mechanism of injury was noted as stepping down out of a package car. Current medications were stated to include Norco, Lidoderm patches, trazodone, Lyrica, Soma, and Lunesta. The only note attached is a deposition dated July 25, 2014. Diagnostic imaging studies of the lumbar spine revealed degenerative spondylosis. Previous treatment included physical therapy, home exercise, and partial completion of a functional restoration program. A request was made for neuroelectrode implants and was not certified in the preauthorization process on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuroelectrodes implant outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS), Spinal Cord Stimulators Page(s): 38.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the indications for a spinal cord stimulator implantation include a diagnosis of failed back syndrome

and the presence of neuropathic pain. According to the attached medical record, the injured employee does not have a diagnosis of failed back surgery nor are there physical examination findings or objective magnetic resonance imaging (MRI) documentation of a potential neuropathy. Considering this, the request for neuroelectrode implants as an outpatient is not medically necessary.