

Case Number:	CM14-0107659		
Date Assigned:	09/25/2014	Date of Injury:	05/08/2002
Decision Date:	01/08/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 has a date of injury of 5/8/02. Treatment diagnoses include failed back syndrome status post lumbar discectomy at L3-L5 with fusion and instrumentation. Patient has failed conservative management which includes medications, home exercise program, epidural steroid injection and sacroiliac joint injections. Request is being made for referral for MMPI and subsequent spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stimulator cord stimulator trial: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter & Pain chapter, spinal cord stimulators

Decision rationale: The injured worker presents with Failed Back Surgery Syndrome unresponsive to conservative management. Records indicate that a psychological screening has been requested but has not been completed. Official Disability Guidelines recommends

psychological screening prior to all spinal cord stimulator implantations. Therefore, the request is not medically necessary.