

Case Number:	CM14-0185475		
Date Assigned:	11/13/2014	Date of Injury:	08/01/2007
Decision Date:	01/29/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/07/2014

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 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 underlying date of injury in this case is 08/01/2007. The date of the utilization review under appeal is 10/27/2014. The patient's diagnosis is lumbosacral intervertebral disc degeneration. On 10/06/2014, the patient was seen in primary treating physician followup. The patient was noted to have ongoing pain with a history of a lumbar fusion in September 2010 with subsequent physical therapy. The treating physician requested authorization for a spinal cord stimulator, because the patient had failed conservative therapy including physical therapy, chiropractic therapy, and medications. The treatment request was for a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient trial spinal cord stimulator: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discusses spinal cord stimulation in the chapter on complex regional pain syndrome, page 38. This chapter recommends spinal cord stimulation only after

careful counseling and multidisciplinary assessment. This assessment should include a psychological evaluation prior to a spinal cord stimulator trial. Such a psychological evaluation is not documented at this time. The criteria for this treatment have not been met. This request is not medically necessary.