

Case Number:	CM14-0191970		
Date Assigned:	11/25/2014	Date of Injury:	09/18/2008
Decision Date:	01/13/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

11/12/14 PR-2 notes the insured has back pain with lower extremity tingling, and weakness. Pain is 5/10 with radiation to the right thigh, calf, great toe and lateral foot. Pain is worse with standing and walking. Treatment has included NSAIDS, muscle relaxants, and opioids and anticonvulsants. Examination noted normal motor and normal gait. There was mild pain noted in the lower extremity with normal sensation. Pain was referred into right side. There was decreased ROM. Treatment plan was for continued medical management. Diagnosis was lumbosacral neuritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Page(s): 105.

Decision rationale: MTUS guidelines support spinal cord stimulator trial for patients with condition such as CRPS who have failed at least 6 months conservative treatment and have had psychological evaluation that demonstrates the insured to be a good candidate for the treatment.

The medical records indicate condition of back pain that has not responded to various treatments for greater than 6 months but does not demonstrate documentation of psychological evaluation that demonstrates the insured to be a good candidate for the treatment. As such spinal cord stimulator is not supported under MTUS. The request is not medically necessary..