

Case Number:	CM14-0193549		
Date Assigned:	12/01/2014	Date of Injury:	09/25/2012
Decision Date:	04/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 32-year-old male with an industrial injury dated 09/25/2012. The mechanism of injury is documented as a gunshot wound while working as a security officer. He presents on 10/06/2014 with leg pain. He reports he has fallen since his last visit. He ambulated with a cane. Palpation of the lumbar and thoracic spine revealed no pain. Motor strength is 5/5 in the bilateral upper and lower extremity flexors and extensors. Prior treatments include multiple lumbar sympathetic blocks and medications. Diagnosis was post-traumatic stress disorder, major depression and reflex sympathetic dystrophy of the lower limb. On 11/06/2014 the request for spinal cord stimulator was non-certified. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 38, 101, 105-107.

Decision rationale: Regarding the request for a spinal cord stimulator trial, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, there is no documentation that the patient has undergone a successful psychological clearance evaluation. In the absence of such documentation, the currently requested spinal cord stimulator trial is not medically necessary.