

Case Number:	CM15-0003668		
Date Assigned:	01/14/2015	Date of Injury:	01/02/2002
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/08/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old female who reported an injury on 01/02/2002 due to an unspecified mechanism of injury. On 10/29/2014, she presented for a followup evaluation regarding her work related injury. She reported neck pain and stiffness that radiated into the right arm. It was noted that she was doing physical therapy but still had significant neck pain. She was noted to be unchanged with moderate pain. A physical examination showed decreased range of motion with neck forward flexion and extension, and right forward rotation. There was crepitus, tenderness, and effusion, and tenderness over the lateral neck muscles and posterior right shoulder. She was diagnosed with herniated cervical disc, neck strain, and neck pain. Her medications at the time included Flexeril, Motrin, Norco, and Prevacid. The treatment plan was for a spinal cord stimulator trial. The rationale for treatment was not provided.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105-106.

Decision rationale: According to the California MTUS Guidelines, spinal cord stimulator trials are recommended for those with failed back syndrome and CRPS type 1 after they have undergone recommended conservative care and a psychological evaluation. There is a lack of documentation showing that the injured worker has tried and failed all recommended conservative treatment or that she has undergone a psychological evaluation to support the request. Also, there is a lack of evidence showing that she has failed back surgery syndrome, or that she has CRPS type 1. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.