

Case Number:	CM15-0182327		
Date Assigned:	09/23/2015	Date of Injury:	02/10/1992
Decision Date:	10/28/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/16/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 70-year-old female who sustained an industrial injury on November 16, 1996. Diagnoses have included chronic pain syndrome, post-laminectomy syndrome, muscle spasm, myalgia and myositis, and lumbar sacral radiculitis. Documented treatment includes heat, ice, home exercise, and medications including Gabapentin, Hydrocodone, and Meloxicam which is stated as helpful. The injured worker continues to complain of moderate to severe upper, middle and low back pain radiating to the gluteal areas, and down the right leg. Past visits have rated the pain at 6-7 out of 10. She describes the pain as achy, numbness and sharp, and said it becomes aggravated by movements and daily activities. Examination on 8-26-15 noted lumbar spine tenderness and moderate pain with range of motion. She has persistent right leg pain and paresthesias. The treating physician's plan of care includes spinal cord stimulator trial; analyze neurostim complex, electrode, fluoroscopy and anesthesia. This was declined on 8-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord trial, analyze neurostim complex, spinal stimulator electrode, fluoroscopy and anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

Decision rationale: Although spinal cord stimulators are recommended in those with chronic regional pain, there is mention in the notes of benefit derived from medications. Psychological evaluation and clearance was not noted. The request for spinal cord stimulator trial at this time is not medically necessary.