

Case Number:	CM15-0192212		
Date Assigned:	10/06/2015	Date of Injury:	09/06/2009
Decision Date:	11/19/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/30/2015

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 52 year old female, who sustained an industrial injury on 9-6-2009. Medical records indicate the worker is undergoing treatment for left upper extremity complex regional pain syndrome that has spread to all 4 extremities. A recent progress report dated 9-14-2015, reported the injured worker complained of pain in the bilateral upper and lower extremities, face, cheeks, left shoulder, left fingers and left toes, rated 8-9 out of 10. The progress notes state the injured worker has cervical and lumbar spinal cord stimulator with both batteries in the buttocks are turned off and no longer providing pain relief. Physical examination revealed diffuse swelling, "left wrist reduced range of motion" and difficulty extension of the left fingers. Treatment to date has included physical therapy and medication management. On 9-21-2015 the Request for Authorization requested spinal cord stimulator removal x 2-cervical and lumbar. On 9-28-2015, the Utilization Review noncertified the request for spinal cord stimulator removal x 2-cervical and lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCS removal x2 (cervical, lumbar): Upheld

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

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

Decision rationale: The injured worker has been approved for a neurosurgical consultation to evaluate the spinal cord stimulators of the cervical and lumbar spine from the viewpoint of revision or removal. The documentation indicates that the stimulators are not functioning at this time. The request as stated is for removal of the spinal cord stimulators and the neurosurgical consultation has not been submitted. Her pain levels continue to be high. As such, the request for spinal cord stimulator removal prior to a neurosurgical consultation is not supported and the medical necessity cannot be determined. Therefore, the request is not medically necessary.