

Case Number:	CM15-0207341		
Date Assigned:	10/26/2015	Date of Injury:	11/02/2012
Decision Date:	12/11/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/21/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 56-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of November 2, 2012. In a utilization review report dated September 23, 2015, the claims administrator failed to approve a request for a spinal cord stimulator trial. The claims administrator referenced an RFA form dated September 9, 2015 in its determination. The claims administrator contended that the applicant had no history of spine surgery and did not, thus, have a diagnosis which would qualify for a trial of a spinal cord stimulator. The applicant's attorney subsequently appealed. On October 9, 2015, it was acknowledged that the applicant was not, in fact, working. It was stated that the applicant was not a candidate for spine surgery, was using Percocet for pain relief, and had failed a variety of other treatments to include physical therapy, acupuncture, manipulative therapy, epidural injections, facet injections, and lumbar radiofrequency ablation procedure. The attending provider reiterated his request for a spinal cord stimulator trial. The attending provider acknowledged that the applicant had not undergone spine surgery and acknowledged that the applicant was not a candidate for any kind of spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial injection, lumbar spine: 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: No, the request for a spinal cord stimulator trial was not medically necessary, medically appropriate, or indicated here. While page 107 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that indicated issue of spinal cord stimulator implantation include failed back surgery syndrome, complex regional pain syndrome, postamputation pain, postherpetic neuralgia, spinal cord injury dysesthesias, pain-associated multiple sclerosis, and/or peripheral vascular disease, here, however, the applicant did not carry any such diagnoses. The treating provider acknowledged on an October 9, 2015 office visit, referenced above, the applicant had not undergone spine surgery and was not a candidate for any kind of spine surgery. The applicant did not, thus, carry a diagnosis which would qualify for a trial of the spinal cord stimulator, per page 107 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.