

Case Number:	CM15-0035513		
Date Assigned:	03/04/2015	Date of Injury:	11/12/2009
Decision Date:	04/10/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/25/2015

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

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 injured worker is a 56 year old female, who sustained an industrial injury on 11/12/09. On 12/25/15, the injured worker submitted an application for IMR for review of Pain management consult for placement of spinal cord stimulator. The treating provider has reported the injured worker complained of neck pain with radiation to the bilateral upper extremities, bilateral shoulder pain, low back pain with radiation to the lower extremities, bilateral hip pain, bilateral knee pain, and bilateral foot/ankle pain. The diagnoses have included lumbago; shoulder sprain/strain; cervical radiculopathy; hand sprain/strain; lumbosacral radiculopathy; ankle sprain/strain. Treatment to date has included physical therapy/aquatic therapy; lumbar epidural steroid injections (1/2014 and 6/2014); work hardening program; MRI cervical spine (7/23/13); EMG/NCS upper extremities (7/23/13); MRI lumbar spine (6/25/13). On 1/27/15 Utilization Review non-certified Pain management consult for placement of spinal cord stimulator. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult for placement of spinal cord stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, 105-107.

Decision rationale: According to MTUS, indications for spinal cord stimulator are failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury, pain associated with multiple sclerosis, and peripheral vascular disease. In addition, psychological screening should be obtained prior to a spinal cord stimulator trial, especially for serious conditions such as severe depression or schizophrenia. According to the MTUS, the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. There is no documentation of the above criteria; therefore, pain management consult for placement of spinal cord stimulator is not medically necessary.