

Case Number:	CM15-0080957		
Date Assigned:	05/01/2015	Date of Injury:	08/29/2002
Decision Date:	06/02/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 55 year old female who sustained a work related injury August 29, 2002. Past history included right arthroscopic knee surgery, 2005. According to a primary treating physician's progress report, dated March 18, 2015, the injured worker presented for ongoing care regarding chronic pain of the low back and bilateral knees. The back pain is described as sharp, aching, tingling, spasm and pressure and rated 8/10. It is located in the lumbar area, right and left leg. She also has chronic knee pain, mostly right described as burning and throbbing and rated 8/10. She is currently pending psychiatric clearance for a stimulator trial. Gait and station examination reveals mid-position without abnormalities. There is pain with right knee flexion/extension, which travels from the lower back to the right lower extremity to the foot. Diagnoses are chronic lumbosacral sprain/strain with radicular symptoms and some radiculopathy; chronic sacroiliac sprain/strain, bilaterally, right greater than left; bilateral knee pain s/p diagnostic and arthroscopic evaluation for medial and lateral plica syndrome and chondral defect measuring 10mm in diameter, affecting the medial femoral condyle; post-operative complex regional pain syndrome; diabetes mellitus II. Treatment plan included medications, psychological clearance and request for MRI, thoracic spine and spinal cord stimulator trial.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 101, 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-107.

Decision rationale: Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines state psychological evaluations are required to ensure that there is no underlying psychiatric issues that could preclude a trial with a spinal cord stimulator. In this case, the psychological evaluation was performed in 2011 which may not reflect the patient's current condition. The request for spinal cord stimulator is not medically appropriate and necessary.

MRI (magnetic resonance imaging) Thoracic Spine (needed for Spinal Cord Stimulator Trial): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Guidelines recommend MRI in cases of emergency of a red flag, evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, and clarification of anatomy prior to surgery. In this case, there are no indications for performing an MRI as there are no clinical issues with the thoracic spine or history of surgical intervention of previous trauma. The request for MRI thoracic spine is not medically appropriate and necessary.