

Case Number:	CM15-0082034		
Date Assigned:	05/04/2015	Date of Injury:	12/21/2009
Decision Date:	06/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/29/2015

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 38-year-old male with an industrial injury dated 12/21/2009. The injured worker's diagnoses include low back pain status post lumbar surgery, lumbar facet arthropathy, sacroiliac (SI) joint arthropathy and chronic pain syndrome. Treatment consisted of lumbar Magnetic Resonance Imaging (MRI) on 9/29/2014, thoracic MRI on 3/12/2015, prescribed medications, epidural steroid injection (ESI), physical therapy, lumbar spinal cord and peripheral nerve stimulator trial, and periodic follow up visits. In a progress note dated 4/13/2015, the injured worker presented for consultation to discuss spinal cord stimulator. The injured worker reported continued severe pain along the incision site of the lumbar region, right buttock and posterior thigh. The injured worker reported 75% relief during the 7-day trial period of implant. Objective findings revealed no acute distress, intact motor and sensory exam and decrease reflexes. The treating physician prescribed services for peripheral nerve stimulator now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peripheral Nerve Stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS
Page(s): 41.

Decision rationale: A peripheral nerve stimulator can be considered for those with CRPS. In this case, the claimant did not have CRPS. The claimant already had a spinal cord stimulator. The physician did state that the use of peripheral nerve stimulator is "off-label." The use of the device was not preventing surgery. The request for the nerve stimulator is therefore not medically necessary.