

Case Number:	CM14-0107833		
Date Assigned:	08/04/2014	Date of Injury:	04/24/2006
Decision Date:	10/21/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 40-year-old female was reportedly injured on 4/24/2006. The mechanism of injury was noted as a lifting injury. No recent progress notes were submitted for review. Therefore, the utilization review from 7/1/2014 states there were ongoing complaints of low back pain that radiated in the lower extremities. The utilization review, dated 7/1/2014, was utilized for physical exam findings that included right knee patellar tenderness and joint line tenderness at the medial joint line on the right knee. Lumbar spine range of motion was with at flexion 30 and extension zero. Decreased sensation was in the L5 nerve root of the lower extremity. Previous treatment included previous lumbar surgery, medications, and conservative treatment. A request had been made for durable medical equipment (spinal cord stimulator trial) and was not certified in the pre-authorization process on 7/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT MI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar & Thoracic (Acute & Chronic) Spinal Cord Stimulator 8/22/2014.

Decision rationale: ODG guidelines recommend spinal cord stimulators only for selected patients in cases when less invasive procedures have failed or are contraindicated. See the Pain Chapter for Indications for stimulator implantation. There is some evidence supporting the use of Spinal Cord Stimulation (SCS) for Failed Back Surgery Syndrome (FBSS) and other selected chronic pain conditions. After review of the medical records provided, there was insufficient medical documentation of objective findings on physical exam to justify this DME. Therefore, this request is deemed not medically necessary.