

Case Number:	CM14-0117956		
Date Assigned:	09/23/2014	Date of Injury:	12/15/1999
Decision Date:	10/28/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/28/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 54-year-old female who reported an injury on 12/15/1999 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her low back and left shoulder. The injured worker's treatment history included a lumbar interbody fusion at the L4-5 with revision and fusion at the L5-S1. The injured worker has a history of multiple fractures and ultimately developed symptoms consistent with complex regional syndrome. The injured worker underwent a lumbar sympathetic block that provided the injured worker with 80% pain relief confirming the diagnoses of complex regional pain syndrome. The injured worker's condition was also noted to be managed by pain management and a psychiatrist. The injured worker was evaluated on 06/26/2014. It was documented that the injured worker had persistent low back pain complaints that radiated into the lower extremities. Physical examination of the left shoulder revealed positive Neer's impingement, a positive Hawkins test, and a positive apprehension test of the left shoulder with restrictive range of motion described as 90 degrees in flexion, 180 degrees in abduction, 40 degrees in internal rotation and 60 degrees in external rotation. Evaluation of the lumbar spine documented significantly limited range of motion with a positive straight leg raising test on the right side. As the injured worker had a positive response to the lumbar sympathetic block, a request was made for a dorsal column stimulator. A Request for Authorization form was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Dorsal column stimulator placement between 6/26/14 and 9/20/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105.

Decision rationale: California Medical Treatment Utilization Schedule recommends spinal cord stimulator placement be based on a clinical trial that produces significant functional benefit and a reduction in pain medication usage. The clinical note documentation submitted for review does not provide any evidence that the injured worker has undergone a trial. Therefore, permanent spinal cord stimulator placement would not be supported. Furthermore, California Medical Treatment Utilization Schedule recommends a psychological evaluation prior to a spinal cord stimulator trial. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone a psychological evaluation. As such, the requested 1 Dorsal column stimulator placement between 6/26/14 and 9/20/14 is not medically necessary.