

Case Number:	CM14-0117996		
Date Assigned:	08/06/2014	Date of Injury:	03/06/2002
Decision Date:	09/29/2014	UR Denial Date:	07/21/2014
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 Anesthesia has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice in California. 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 patient is a 57 year old female injured worker with date of injury 3/6/02 with related left knee pain. Per 5/21/14 progress report, tenderness to palpation was noted. Sensation was intact. She was morbidly obese. Per 8/4/14 progress report, she had been attending [REDACTED] program for 4 weeks. She commented that due to her depressive mood, her food selection was not always the healthiest and her sedentary lifestyle intervened in rapid weight loss. Imaging studies were not available for review. Treatment to date has included physical therapy, acupuncture, weight loss program, TENs, and medication management. The date of UR decision was 7/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-106.

Decision rationale: A review of the documentation submitted did not reveal any indications for stimulator implantation, nor evidence of successful temporary trial. It is not clear if this is a

request for a trial or permanent implantation. The above citation applies to a permanent request; there is no information given regarding any indication for a trial request. The request is not medically necessary.