

Case Number:	CM14-0123273		
Date Assigned:	09/16/2014	Date of Injury:	12/01/2010
Decision Date:	11/14/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/05/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 62 year old female who was injured on 1/14/01 and again on 12/1/2010. She was diagnosed with lumbar disc disease, chronic pain syndrome, bilateral shoulder internal derangement, and bilateral knee internal derangement. She was provided with home care assistance and treated with various medications, injections, modified duty, physical therapy, and surgery (lumbar laminectomy). The worker unfortunately continued to experience chronic pain after the laminectomy (failed laminectomy syndrome). On 6/23/14, the worker was seen by her primary treating physician complaining of her severe lumbar pain and resulted limitation in her activities. Physical findings included ambulation with left leg externally rotated, tenderness in the lumbar area, and bilateral knee deformity. She was recommended to prepare for a spinal cord stimulator trial "when she is emotionally ready". She was requested to receive more assistance for transportation and at home as well as to continue her medication (morphine and tizanidine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stim Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

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

Decision rationale: The worker is a 62 year old female who was injured on 1/14/01 and again on 12/1/2010. She was diagnosed with lumbar disc disease, chronic pain syndrome, bilateral shoulder internal derangement, and bilateral knee internal derangement. She was provided with home care assistance and treated with various medications, injections, modified duty, physical therapy, and surgery (lumbar laminectomy). The worker unfortunately continued to experience chronic pain after the laminectomy (failed laminectomy syndrome). On 6/23/14, the worker was seen by her primary treating physician complaining of her severe lumbar pain and resulted limitation in her activities. Physical findings included ambulation with left leg externally rotated, tenderness in the lumbar area, and bilateral knee deformity. She was recommended to prepare for a spinal cord stimulator trial "when she is emotionally ready". She was requested to receive more assistance for transportation and at home as well as to continue her medication (morphine and tizanidine).