

Case Number:	CM14-0125924		
Date Assigned:	09/18/2014	Date of Injury:	09/06/2006
Decision Date:	10/16/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/07/2014

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 Internal Medicine Geriatric Medicine, has a subspecialty in Family Practice and is licensed to practice in New York. 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 man with a date of injury of 9/6/06. He was seen by his primary treating physician on 7/21/14 with complaints of back and radiating leg pain. His physical exam showed well healed neck and low back incisions. He had a 'satisfactory gait pattern' and was wearing a knee immobilizer on the left knee and used a cane in his right hand. He had no motor or sensory deficits in his upper and lower extremities. He had pain and swelling in his left knee. He had tenderness to palpation of his cervical spine and decreased range of motion as expected after cervical fusion. His diagnosis was solid cervical arthrodesis with residual inflammatory changes at the upper thoracic segments. He was awaiting authorization of a spinal cord stimulator trial which is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: 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 9792.20 - 9792.26 Page(s): 34-41 and 105-107.

Decision rationale: This injured worker has chronic back and leg pain status post cervical fusion surgery. Spinal cord stimulators are considered a more invasive method of treatment that can be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. They are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Given the limited evidence to support a spinal cord stimulator and the lack of physical exam findings (normal motor and sensory exam in extremities) in the 7/14 note and also that the records do not support that comprehensive multidisciplinary medical management is concurrently in use, the Spinal cord stimulator trial is not medically necessary.