

Case Number:	CM14-0136313		
Date Assigned:	09/03/2014	Date of Injury:	03/08/1994
Decision Date:	10/14/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/22/2014

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 Mississippi. 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 68-year-old female was reportedly injured on March 8, 1994. The most recent progress note, dated July 25, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated lumbar tenderness along the paravertebral muscles and along the midline from L4-S1. There was decreased lumbar spine range of motion secondary to pain and a positive bilateral straight leg raise test at 70. Diagnostic imaging studies of the lumbar spine revealed mild to moderate stenosis at L4 - L5 with moderate to severe left sided neural foraminal stenosis. There was a disc osteophyte complex at L5 - S1 and facet degeneration at both L4 - L5 and L5 - S1. Previous treatment includes a caudal epidural steroid injection, a spinal cord stimulator, and oral medications. A request had been made for replacement of a spinal cord stimulator battery and a prescription of Percocet 5/325 and was not certified in the pre-authorization process on August 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement spinal cord stimulator IPG/battery: Overturned

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 CRPS, Spinal Cord Stimulators Page(s): 38 OF 127.

Decision rationale: According to the progress note dated July 25, 2014, the injured employee states that she had pain relief of over 50% of her lower extremity pain with the use of a spinal cord stimulator. Considering this, the request for a replacement spinal cord stimulator battery is medically necessary.

Percocet 5/325mg BID #60: 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 Page(s): 74-78, 88, 91 of 127..

Decision rationale: The progress note dated July 25, 2014, indicated that the injured employee's pain medication had very limited effectiveness. Considering this, the request for Percocet 5/325 is not medically necessary.