

Case Number:	CM14-0144560		
Date Assigned:	09/23/2014	Date of Injury:	09/01/2003
Decision Date:	10/15/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is an injured female worker age 51. The date of injury is September 1, 2003 . The patient sustained an injury to the lumbar spine while moving boxes loaded with fruit. The patient subsequently underwent lumbar spine surgery. The patient currently complains of pain in the lumbar spine and bilateral lower extremities worse with ambulation. A request for spinal cord stimulator trial was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trail of Spinal Cord Stimulator, per 8/22/14 form. quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator (SCS) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 107.

Decision rationale: The MTUS section on spinal cord stimulators advises that the patient undergo psychological clearance prior to stimulator trial. According to the documents available for review, there is no evidence that psychological screening has taken place. Therefore at this time the requirements for treatment have not been met and medical necessity has not been established.

