

Case Number:	CM14-0040951		
Date Assigned:	06/27/2014	Date of Injury:	02/11/2003
Decision Date:	08/22/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 51 year-old female who sustained an injury to her low back on 02/11/03. The mechanism of injury was not documented. Computed tomography scan of the lumbar spine dated 02/20/13 revealed limited evaluation of the spinal canal and neuroforamen due to susceptibility artifact; no evidence of acute fracture or hardware fracture. The clinical note dated 06/04/14 reported that the injured worker's neck seems to be getting better, but her biggest complaint is the right shoulder. Physical examination noted full strength; reflexes 2/4; positive impingement sign; full range of motion; negative Spurling's sign; gait stable. The injured worker was recommended for eight visits of physical therapy for the right shoulder, neck and low back and placed on modified duty as of 06/05/14. On 06/10/14, a psychologist cleared her for a lumbar spinal cord stimulator trial.

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Spinal cord stimulation (SCS).

Decision rationale: The request for spinal cord stimulator trial is not medically necessary. A clinical note dated 06/10/14 reported that the injured worker underwent a psychological evaluation and is officially recommended to undergo a spinal cord stimulator trial. Computed tomography scan of the lumbar spine dated 02/20/13 reported evidence of spinal hardware; however, there was no additional information provided that would indicate the injured worker has failed back surgery syndrome and/or is no longer a candidate for repeat surgery. Furthermore, the injured worker's complaints were primarily of the right shoulder. Given this, the request for spinal cord stimulator trial is not indicated as medically necessary.