MAXIMUS Federal Services

Case Number:	CM14-0218828		
Date Assigned:	01/08/2015	Date of Injury:	06/11/1997
Decision Date:	05/29/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on 06/11/1997. The mechanism of injury was not stated. The current diagnoses include cervical spine disc syndrome, lumbosacral spine disc syndrome, and chronic pain syndrome with insomnia. Treatment to date has included cervical and lumbar fusion and medication management. The injured worker presented on 12/05/2014 with complaints of neck and low back pain, stiffness, weakness, numbness, paresthesia, and generalized discomfort. Upon examination, there was reduced sensation and strength in all 4 limbs, reduced range of motion of the cervical and lumbar spine, tenderness to palpation and paraspinal muscular spasm, and absent bilateral deep tendon reflexes. There was reduced sensation and strength in the distribution of the bilateral C7, C8, T1, L4, L5, and S1 spinal nerve roots. Recommendations at that time included continuation of the current medication regimen of Percocet 10/325 mg, OxyContin 80 mg, Lidoderm patch 5%, and Soma 350 mg. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Physical Medicine and Rehabilitation for evaluation and treatment for Spinal Cord Stimulation trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 on Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The current request is for a referral to a physical medicine and rehabilitation specialist for evaluation and treatment of a spinal cord stimulator trial. However, there was no mention within the documentation provided of an exhaustion of conservative management. There is no indication that this patient is a candidate for a spinal cord stimulator trial. Given the above, the request cannot be determined as medically appropriate at this time. As such, the request is not medically necessary.