

Case Number:	CM15-0117256		
Date Assigned:	06/25/2015	Date of Injury:	04/04/1993
Decision Date:	07/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/17/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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(n) 55 year old female, who sustained an industrial injury on 4/4/93. She reported pain in her lower back. The injured worker was diagnosed as having lumbar radiculopathy, lumbago and lumbosacral degenerative disc disease. Treatment to date has included acupuncture x 6 sessions, a lumbar epidural injection, a lumbar MRI and Norco and Flexeril. On 4/8/15, the treating physician noted that the use of crutches had worsened the injured worker's lower back pain. He suggested reprogramming the spinal stimulator. There is no documentation of the spinal cord stimulator's previous or current settings. As of the PR2 dated 6/4/15, the injured worker reports increased low back pain. She also dislocated her knee and had reconstructive surgery on 1/30/15, this has made her back pain worse due to limping and use of crutches. Objective findings include limping on two crutches, decreased lumbar range of motion and spasms of the lumbar paraspinal muscles. The treating physician requested a stimulator adjustment/reprogram of spinal cord stimulation (SCS) lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stimulator adjustment/reprogram of spinal cord stimulation (SCS) lumbar: 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 Spinal Cord Stimulators Page(s): 105-107. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/22151122#>.

Decision rationale: MTUS Guidelines do not address the medical issues or spinal cord stimulation adjustment. However, it is standard practice to consider adjustments if pain relief has become less effective and/or the area of coverage needs modification. This individual meets the criteria. Some units allow for patient changes in the settings which is thought to be effective. The request for Stimulator adjustment/reprogram of spinal cord stimulation (SCS) lumbar is medically necessary and appropriate.