

Case Number:	CM15-0117793		
Date Assigned:	06/26/2015	Date of Injury:	03/27/2013
Decision Date:	07/27/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/18/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50-year-old female, who sustained an industrial injury on March 27, 2013. The injured worker reported left leg injury due to a grinding wheel. The injured worker was diagnosed as having complex regional pain syndrome (CRPS) status post left calf laceration, low back pain and bilateral knee pain. Treatment to date has included surgery, physical therapy, electromyogram, x-rays and medication. A progress note dated April 24, 2015 provides the injured worker complains of thoracic, low back and left calf pain. She rates the pain 7/10 without medication and 5/1 with medication. Physical exam notes well healed incision of the left calf with deformity. There is swelling and mottling of the left thigh with increased sensitivity and spasm on palpation. The plan includes spinal cord stimulator and medication.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cordstimulators) Page(s): 21.

Decision rationale: Spinal cord stimulator trial is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Psychological evaluations are recommended pre-spinal cord stimulator (SCS) trial per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation does not reveal that the patient has had this psychological evaluation yet. The request therefore for a spinal cord stimulator trial is not medically necessary.