

Case Number:	CM15-0161619		
Date Assigned:	08/27/2015	Date of Injury:	03/01/2007
Decision Date:	12/03/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 55 year old female who sustained an industrial injury 03-01-07. A review of the medical records reveals the injured worker is undergoing treatment for failed back surgery syndrome, and lumbar radiculopathy. Medical records (07-27-15) reveal the injured worker complains of constant lower back pain rated at 7/10. She reports the pain is constantly there, with no relief except through medications. There is not pain rating before and after medications. The physical exam (07-27-15) reveals the injured worker walks with an antalgic gait and uses a cane. Lumbar spine range of motion is restricted. Range of motion of the hips, knees, and ankles is unrestricted. Prior treatment includes back surgery, medications including OxyContin, Percocet, Prilosec, Neurontin, and baclofen. The original utilization review (08-12-15) on certified the request for a 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Low back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

Decision rationale: According to the guidelines, SCS is indicated for those who failed conservative measures and have Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), at 14 to 41 months after surgery. Post amputation pain (phantom limb pain)- Post herpetic neuralgia; Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury); Pain associated with multiple sclerosis; Peripheral vascular disease. In this case, the claimant has persistent pain despite conservative measures. The claimant does have a filed back syndrome. However, there is no mention of psychiatric evaluation prior to initiation with set goals and expectations. As a result, the request for SCS is not medically necessary.