

Case Number:	CM15-0075198		
Date Assigned:	04/27/2015	Date of Injury:	09/11/2008
Decision Date:	05/27/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/20/2015

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: Pennsylvania, Ohio, California
 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 62 year old female, who sustained an industrial injury on 9/11/08. The injured worker was diagnosed as having chronic pain syndrome and post laminectomy syndrome. Treatment to date has included laminectomy, back brace, oral medications including Norco, Gabapentin and Hydrocodone and physical therapy. Currently, the injured worker complains of worsening low back pain. The injured worker states her activities of daily are improved with medications. Physical exam noted tenderness to palpation of paraspinal region at L4 and the ileolumbar region on right and left. The treatment plan consisted of continuation of Norco, performing random urine toxicology screen and pain psychology for a spinal cord stimulator.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 38.

Decision rationale: MTUS recommends spinal cord stimulation in select cases after comprehensive interdisciplinary evaluation, including psychological evaluation for such treatment. Moreover spinal cord stimulation is indicated only as part of an explicitly documented functional restoration program and not for primary pain management as its primary goal. The records in this case do not contain results of a psychological evaluation for spinal cord stimulator placement. Additionally this treatment appears to be proposed for primary pain management and not in the context of a specific functional restoration program. For these reasons this request is not medically necessary.