

<b>Case Number:</b>	CM13-0016021		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 59-year-old male who reported an injury on 09/09/2011. Prior treatments included acupuncture, home exercise program, cervical epidurals, cervical facet injections, and medications. The mechanism of injury was the injured worker was in a motor vehicle accident and was hit from the back. The injured worker had a cervical facet injection on 02/26/2013. The documentation of 07/16/2013 revealed the injured worker had tenderness over the bilateral cervical paraspinal muscles and vertebral tenderness at the midline in the cervical region. The injured worker's sensation was intact from C5-8 and L2-S1. The injured worker was complaining of intermittent numbness that radiated halfway up the forearm right greater than left. The injured worker had a painful Apley's maneuver. It was documented the injured worker wanted to try a spinal cord stimulator. The injured worker had a SPECT CT of the cervical spine on 06/03/2013 and an MRI of the cervical spine on 07/26/2012. The injured worker had an EMG/NCV of the bilateral upper extremities on 06/25/2013. The injured worker had an 80% reduction in pain since the cervical epidural steroid injection of 04/12/2013. The pain relief lasted 3 to 4 days. The injured worker indicated he could be more active with the injection. Diagnoses included degeneration of the cervical intervertebral disc; brachial neuritis or radiculitis NOS. The plan included a psychological screening prior to SCS trial, and a thoracic MRI to assess spinal anatomy prior to the trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THORACIC SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The ACOEM Guidelines indicate the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, and failure to progress in a strengthening program intended to avoid surgery, as well as clarification of the anatomy prior to an invasive procedure. It was indicated the thoracic MRI was requested prior to the spinal cord stimulator placement. This would be supported if the spinal cord stimulator was found to be medically necessary. However, as the spinal cord stimulator was found to be not medically necessary, the request for the MRI of the thoracic spine is not medically necessary.

**PSYCHOLOGICAL SCREENING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cordstimulators) Page(s): 101.

**Decision rationale:** The California MTUS Guidelines recommend a psychological evaluation prior to a spinal cord stimulator trial. However, as there was a lack of documentation supporting the necessity for a spinal cord stimulator including that the injured worker had failed back syndrome, the request for psychological screening would not be necessary. Given the above, the request for a psychological screening is not medically necessary.

**SCS UNDER FLUOROSCOPYS WITH MAC ANESTHESIA:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-107.

**Decision rationale:** The California MTUS Guidelines indicate that spinal cord stimulators are appropriate for injured workers with failed back syndrome or complex regional pain syndrome. The clinical documentation submitted for review failed to indicate the injured worker met the above criteria. The request as submitted failed to indicate the request was for a trial of a spinal cord stimulator as a permanent placement is not recommended prior to trial. Given the above, the request for spinal cord stimulator under fluoroscopy with MAC anesthesia is not medically necessary.