

Case Number:	CM13-0043565		
Date Assigned:	12/27/2013	Date of Injury:	07/29/2010
Decision Date:	03/05/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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 patient is a 53-year-old female who reported injury on July 29, 2010. The mechanism of injury was noted to be repetitive motion. The patient had bilateral/lateral flexion range of motion for the cervical spine of 5 degrees. The patient had 30 degrees of rotation to the right with pain elicited by motion. The patient had a positive Spurling's test. The patient's diagnoses included cervicgia, and displacement of cervical intervertebral disc without myelopathy. The patient underwent a selective nerve root block (SNRB) at C8, right and left, and had complete symptomatic relief. The request per the physician's documentation indicated the request was for a psychological evaluation for a cervical spinal cord stimulator. The patient's diagnoses to support the request were noted to be brachial neuritis or radiculitis, not otherwise specified. Per the submitted request, the request was for a percutaneous implantation of a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for a percutaneous implantation of a spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Simulators, page 38 and Psychological evaluations for Spinal Cord Stimulators, page.

Decision rationale: According to the California MTUS Guidelines spinal cord stimulators are recommended for selected patients in cases when less invasive procedures have failed, or are contraindicated for specific conditions indicated below and following a successful temporary trial, and a psychological evaluation prior to the trial. The indications were noted to be failed back syndrome and complex regional pain syndrome. The clinical documentation submitted for review failed to prove that the patient had the above conditions. The patient was has C8 nerve root cysts. The patient had complete relief with a selective nerve root block at C8 bilaterally. The request per the physician for a spinal cord stimulator was for symptomatic C8 nerve root cysts, which would indicate that less invasive procedures have not failed. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Additionally, per the submitted request, there was a lack of documentation indicating if the request was for an implantation or a trial. Given the above, the request for percutaneous implantation of spinal cord stimulator is not medically necessary.