MAXIMUS Federal Services

Case Number:	CM13-0066023		
Date Assigned:	01/03/2014	Date of Injury:	05/01/2004
Decision Date:	04/23/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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 Texas, 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 patient is a 71-year-old male who reported an injury on 05/01/2004. The mechanism of injury was cumulative trauma. The note dated 12/02/2013 indicated the patient had received an epidural injection with little benefit. The patient reported that he continued to take naproxen and Aleve over-the-counter without any benefit. The patient reported increasing pain in multiple body parts including low back, both knees, and shoulders. The patient reported pain in the mid back under his left shoulder blade that was severe. The patient reported pain in his right hand that was constant, particularly in the 3rd, 4th, and 5th digits. An x-ray of the right hand dated 08/09/2013 revealed moderate to severe degenerative joint disease of the right hand with no evidence of acute fracture. The cervical spine showed stable osseous fusion at C3-4, stable anterior cervical fusion at C5-6, and stable fusion at C5 to T1. It was noted the patient to had a slowed, stooped gait. Upon examination of the lumbar spine, there was tenderness; and trigger points to the paravertebral muscles on the left side. There was spinous process tenderness noted on L5. On examination of the left shoulder, there was tenderness to palpation in the parascapular muscles and rhomboids. The patient was noted to have had trigger point injections. The diagnoses provided were cervical "spondyl" with myelopathy, cervicobrachial syndrome, chronic pain syndrome, carpal tunnel syndrome, ulnar nerve lesion, and rotator cuff injury. It was noted a referral was made for a consult regarding a cervical spine stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECISION FOR TRAIL OF A CERVICAL SPINE CORD STIMULATOR WITH A SURGICAL TRIAL LEAD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The request for a trial of spinal cord stimulator with a surgical trial lead is non-certified. The California MTUS states that spinal cord stimulator (SCS) is recommended only for selective patients in cases when less invasive procedures have failed or are contraindicated and following a successful temporary trial. Indications for stimulator implantation is failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury, dysesthesias, pain associated with multiple sclerosis and peripheral vascular disease. The records submitted for review fail to include documentation of less invasive procedures that have failed or were contraindicated. In addition, the records submitted for review failed to include documentation of failed back syndrome, CRPS/reflex sympathetic dystrophy, post amputation pain, postherpetic neuralgia, spinal cord injury, dysesthesias, pain associated with multiple sclerosis or peripheral vascular disease. As such, the request for a trial of cervical spinal cord stimulator with a surgical trial lead is not supported. Therefore, the request is non-certified.