MAXIMUS Federal Services

Case Number:	CM13-0071696		
Date Assigned:	04/04/2014	Date of Injury:	01/28/2003
Decision Date:	05/27/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 49-year-old male with a date of injury on 1/30/2003. The diagnoses include chronic intractable cervical and shoulder pain, lumbar pain, and status post placement of lumbar spinal cord stimulator, status post lumbar surgery, and status post right shoulder surgery. The subjective complaints are of neck and upper back pain. Physical exam shows decreased cervical range of motion, spasm in the right paraspinal muscles and dysesthetic pain shooting into the right shoulder and upper extremity. There is some weakness at the right deltoid, biceps and triceps. The submitted documentation shows that a comprehensive psychological evaluation with associated psycho-diagnostic testing was performed on 2/04/2014. Prior treatment includes Percocet, and ongoing physical therapy. Physical therapy was noted not to provide any improvement, and patient was classified as not being a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SPINE SPINAL CORD STIMULATOR TRIAL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Spinal Cord Stimulator, Psychological clearance Page(s): 101,105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Spinal Cord Stimulator.

Decision rationale: The CA MTUS recommends use of a spinal cord stimulator (SCS) for selected patients in cases when less invasive procedures have failed or are contraindicated. The CA MTUS also recommends that a psychological evaluation is performed before trial of a spinal cord stimulator. SCS is recommended as a treatment option for chronic pain lasting at least 6 months despite medical management, and who have had a successful trial of stimulation. For this patient, there is continued cervical and upper extremity pain with significant deficits on examination despite multiple prior treatment modalities. Previous utilization review certified psychological exam for SCS placement. This exam was performed on 2/4/2014 and cleared patient for procedure. This patient fits criteria for a trial of a spinal cord stimulator, and the submitted documentation shows evidence of the MTUS recommended psychological evaluation. Therefore, the medical necessity of a spinal cord stimulator trial is established.