

Case Number:	CM14-0008618		
Date Assigned:	02/12/2014	Date of Injury:	10/05/2006
Decision Date:	06/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/21/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 46-year-old female with a date of injury of October 5, 2006. The mechanism of injury is not disclosed. A progress note dated December 6, 2013 is provided for review in support of the above noted request and indicates that the injured worker presents for follow-up of the bilateral knee, bilateral shoulder, elbow, and neck, with pain that is rated 9/10 on the Visual Analog Scale (VAS); without medication which drops to 7-8 on the VAS with medication. The pain is been persistent. Since the prior visit, the injured worker is currently suffering from a viral condition and reports an increased pain overall. Ongoing depression is noted. Authorization for pain psychology was received, but the injured worker has not yet moved forward with this. Spinal cord stimulation (SCS) trial is pending. The current medications include morphine sulfate immediate release (MSIR) 15 mg, 5 times daily, Terocin cream, Prilosec 20 mg twice daily (b.i.d.), Cymbalta 60 mg QT, and residual from a sleep specialist after a diagnosis of narcolepsy. The injured worker denies side effects to medications and reports that the MSIR decreases her pain allows her to do more housework at home. T he Prilosec improves the gastrointestinal symptoms, and the Cymbalta helps to control the depressive symptoms and carry out her day. Overall, the medications are noted to be reducing symptomatology. A physical exam finding consistent with an upper respiratory infection is noted. Decreased flexion and extension of the cervical spine with 4/5 strength of the left hand due to pain is noted. A well healed surgical scar over the left wrist is noted. Reflexes are normal and symmetric. Sensation is intact to the bilateral upper and lower extremities. Spurling's test is negative bilaterally. A urine drug screen from March 20, 2012 is consistent with the medications as is. The injured worker's Controlled Substance Utilization Review & Evaluation System (CURES) report. The diagnosis includes mild cervical stenosis at C4-5, C5-6; left De Quervain's tenosynovitis (status post surgery.); right shoulder arthralgia (status post arthroscopy);

narcolepsy; status post gastric bypass; and elevated liver enzymes. The treatment recommendation is for a spinal cord stimulator trial. Given the patient has ongoing chronic pain at L5-S1, continued pharmacotherapy is recommended. The injured worker will proceed with the pain psychology consultation. Follow-up in 4 weeks is recommended. This request was previously reviewed with a determination of non-certification, dated December 31, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT SPINAL CORD STIMULATOR TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATORS Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

Decision rationale: The California Medical Utilization Treatment guidelines support a spinal cord stimulator trial in select clinical settings where conservative treatment modalities have failed. The MTUS guidelines support spinal cord stimulators following a successful temporary trial, when guideline criteria are met, and failed back syndrome, complex regional pain syndrome, phantom limb pain, post-herpetic neuralgia, spinal cord injury dysesthesias, multiple sclerosis, and peripheral vascular disease. The record provided for review includes no documentation of any of the above diagnoses. Additionally, the progress note that is been provided for review in support of this request includes subjective and objective documentation referencing the cervical spine in the upper extremity, there is no supporting subjective and objective documentation referencing the lumbar spine. In the absence of the appropriate documentation to support the diagnosis for which the spinal cord stimulators being requested, this request is recommended for non-certification.