

Case Number:	CM14-0104610		
Date Assigned:	09/16/2014	Date of Injury:	07/18/1999
Decision Date:	10/15/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/07/2014

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 Internal Medicine 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 an injured worker with the diagnoses of degenerative disease of the cervical spine with neck and radicular left upper extremity pain, history of carpal tunnel syndrome bilateral, and possible thoracic outlet syndrome and spinal accessory nerve injury. Date of injury was 07-18-1999. Qualified medical evaluation report dated 6/19/14 documented subjective complaints of neck pain, shoulder, scapular pain, left upper extremity pain and numbness. Her current medications include Norco three times a day, Opana four times a day, Soma, and Mobic. She had the two carpal tunnel surgeries. MRI of the cervical spine February 15, 2014 demonstrated degenerative disc disease without canal stenosis, probably left C6 nerve impingement. Physical examination was documented. Her neck was supple. Winging of her left scapula was observed. Gait was normal. She had excellent strength in all four extremities. She has good function of the supraspinatus and infraspinatus muscles. All of the muscles in the upper extremities and lower extremities were quite strong. Sensory exam was intact. Diagnoses were degenerative disease of the cervical spine with neck and radicular left upper extremity pain, history of carpal tunnel syndrome bilateral, and possible thoracic outlet syndrome and spinal accessory nerve injury. Psychological evaluation for clearance for spinal cord stimulator (SCS) trial for cervical spine was requested. Utilization review determination date was 6/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation for Spinal Cord Stimulator (SCS) Trial for Cervical Spine:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that "spinal cord stimulators (SCS) are recommended only for selected patients for specific conditions indicated below." Indications for stimulator implantation are failed back syndrome (persistent pain in patients who have undergone at least one previous back operation) more helpful for lower extremity than low back pain, complex regional pain syndrome (CRPS) / reflex sympathetic dystrophy (RSD), post amputation pain (phantom limb pain), post herpetic neuralgia, spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury), pain associated with multiple sclerosis, and peripheral vascular disease. American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition states that spinal cord stimulators for chronic cervicothoracic pain with or without radiculopathy are not recommended. Medical records document the diagnoses of degenerative disease of the cervical spine with neck and radicular left upper extremity pain, history of carpal tunnel syndrome bilateral, and possible thoracic outlet syndrome and spinal accessory nerve injury. MRI of the cervical spine February 15, 2014 demonstrated degenerative disc disease without canal stenosis, with probable left C6 nerve impingement. Medical records do not document a MTUS recommended indication for a spinal cord stimulator (SCS). A spinal cord stimulator (SCS) is not supported for the patient's diagnoses. Because a SCS is not medically necessary, a psychological evaluation for a SCS is not necessary. Therefore, the request for Psychological evaluation for Spinal Cord Stimulator (SCS) trial for cervical spine is not medically necessary.