

Case Number:	CM14-0109334		
Date Assigned:	08/01/2014	Date of Injury:	07/01/2000
Decision Date:	10/03/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 Family 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:

This is a 53-year-old female patient who reported an industrial injury to the neck on 7/1/2000, over 14 years ago which was attributed to the performance of her usual and customary job tasks. The patient still reports residual pain subsequent to the anterior cervical discectomy and fusion. The patient reports that the neck pain is the same as it was prior to the surgical intervention and fusion. The objective findings on examination included that the cervical spine wound is healed, flexion is 50, extension 60, rotation to the left and right is 70, right lateral bend to 45 left lateral bend to 45. A CT scan of the cervical spine demonstrated a bony bridge at the fusion site with no hardware related complications and no loosening. The treating diagnoses included cervical radiculopathy, cervical facet arthropathy, status post C7 fusion, status post T 12 laminectomy. The patient was assessed as having no real functional improvement from her anterior cervical decompression and fusion. The treatment plan included a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator: 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 Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain chapter psychological evaluations IDDS and SCS; spinal cord stimulators;

Decision rationale: The request SCS trial for this patient was not reasonable based on the objective findings on examination documented by the requesting physician. There is no documentation that the SCS is the treatment of last resort for this patient. There is no evidence the available treatment has been exhausted with no demonstrated functional improvement. The patient is noted to be status post cervical spine fusion with the same pain level as prior to the surgical intervention. There is no documentation by the requesting physician of the conservative care provided to date for the surgical care provided to date that has resulted in intractable pain to support the medical necessity of a treatment of last resort. The medical records do not document a psychological clearance for a spinal cord stimulator trial. The request does not meet the criteria recommended by evidence-based guidelines. The provided diagnoses of chronic neck pain status post cervical spine fusion do not meet the criteria of the use of the recommended SCS. The patient complains of residual neck pain. The patient is not documented to meet the criteria recommended by the CA MTUS for the trial of a SCS. The use of the SCS is noted to be a treatment of last resort after demonstrating failure of the available treatment modalities. The available treatment for this patient has not been exhausted as other treatment modalities are still available for the treatment of the patient for the objective findings documented. The use of the stimulator is being considered in the overall treatment plan of functional rehabilitation and may lead to fictional improvement; however, the patient is not documented to meet the criteria recommended for a SCS trial. The spinal column stimulator is a non-narcotic method to obtain some pain relief in conjunction with an active program for rehabilitation. The patient has not met the criteria recommended by the evidence-based guidelines for the treatment of chronic intractable pain. Conventional conservative treatment and surgical intervention have not been demonstrated to have failed as the patient is maintained with prescribed medications. There is no demonstrated medical necessity for the prescribed spinal cord stimulator trial.