

Case Number:	CM14-0010715		
Date Assigned:	02/21/2014	Date of Injury:	02/17/2009
Decision Date:	08/01/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 59-year-old male who has submitted a claim for cervical and lumbar degenerative joint disease and cervicgia associated with an industrial injury date of February 17, 2009. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain and bilateral lower limb burning/sharp pains and numbness. Physical examination showed restricted left shoulder range of motion (ROM); normal sensation on the upper extremities; 4/5 MMT on the shoulder flexors; 2/5 MMT on the left extensor hallucis longus (EHL); impaired pinprick sensation in stocking glove distribution from feet to mid calves, fingertips to distal forearms bilaterally; abnormal vibration at toes and ankles; and absent cold and heat sensations. Treatment to date has included nonsteroidal anti-inflammatory drugs (NSAIDs), opioids, muscle relaxants, anticonvulsants, transcutaneous electrical nerve stimulation (TENS), acupuncture, chiropractic sessions, physical therapy, nerve blocks, cervical RFA, and cervical medial branch blocks. Utilization review from January 14, 2014 denied the request for spinal cord trial, cervical spine because there was no documentation that further surgical intervention is not indicated; that no contraindications to implantation exists; and objective documentation of pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL CORD TRIAL-CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Spinal cord stimulators (SCS).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines & ODG criteria for SCS trial placement include: at least one previous back operation and patient is not a candidate for repeat surgery, symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care; psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse issues; and that there are no contraindications to a trial. In this case, the patient complained of neck pain and bilateral lower limb burning/sharp pains and numbness. Limited response to non-surgical intervention was noted and psychological clearance was given. However, there is no history of a previous cervical spine operation. Therefore, the request is not medically necessary.