

Case Number:	CM14-0011197		
Date Assigned:	02/21/2014	Date of Injury:	08/01/2003
Decision Date:	07/07/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in New York and Texas. 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 Physician 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 61 year old male whose date of injury is 08/01/2003. On this date he fell off a pallet and landed in a scrap bin on his right side. The injured worker has a history of anterior cervical discectomy and fusion C2 through C5. The injured worker underwent prior unsuccessful spinal cord stimulator trial on 08/21/12. Orthopedic agreed medical evaluation dated 09/08/13 indicates that future recommended treatment includes medication management, orthopedic follow up and home exercise program. The injured worker underwent facet blocks C3-C6 on 12/02/13 with no relief. Progress report dated 12/16/13 indicates that assessment is C3-4 facet arthropathy, C3-4 and C4-5 degenerative discs, bilateral cervical radiculopathy, C4-5 disc herniation, and C4-5 stenosis. Progress note dated 02/04/14 indicates that medications include Soma, Docusate, Cymbalta, Dilaudid, Lipitor, Lisinopril, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULT FOR SPINAL CORD STIMULATOR TRIAL:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATORS Page(s): 105-107.

Decision rationale: Based on the clinical information provided, the request for pain management consult for spinal cord stimulator trial is not recommended as medically necessary. The submitted records indicate that the injured worker underwent a prior unsuccessful spinal cord stimulator trial in 2012. Additionally, there is no indication that the injured worker has received recent psychological clearance for this procedure as required by the California MTUS guidelines. The California MTUS guidelines also indicate that this procedure should be employed with more caution in the cervical region than in the thoracic or lumbar.