

Case Number:	CM14-0011552		
Date Assigned:	02/21/2014	Date of Injury:	09/15/2005
Decision Date:	08/04/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/29/2014

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 Occupational 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 patient is a 48-year-old female who has submitted a claim for cervicgia associated with an industrial injury date of September 15, 2005. The medical records from 2013-2014 were reviewed. The patient complained of neck and upper extremity pain, rated 7/10 in severity. There is throbbing, aching and tightness over the neck with radiation into the occipital and down to the bilateral trapezius and between the shoulder blades. There was also associated headache. There was bilateral numbness and tingling down her forearms, and pain in the right ring and little fingers. The physical examination showed limited range of motion of the cervical spine. There was pain and pressure over the facet processes bilaterally. There superior trapezius, middle trapezius and rhomboid trigger areas were painful bilaterally. There was also limited range of motion of the upper extremities. Motor strength was 4/5 at the extensors and flexors of the elbow and wrist bilaterally. Deep tendon reflex of the triceps was 1+ on the right. Sensation was decreased to pinprick in the ulnar aspect of the right hand and over the right ring and little fingers. An MRI of the cervical spine, dated June 10, 2013, revealed fusion on C3-C7, moderate-to-marked narrowing of the spinal canal with mild cord compression at C2-C3 secondary to 2-3mm broad-based central disc protrusion and hypertrophy of the ligamentum flavum, mild narrowing of the spinal canal at C4-C6, and uncovertebral hypertrophy at C6-C7 with moderate foraminal narrowing. Treatment to date has included medications, physical therapy, activity modification, and anterior cervical discectomy.

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 rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, criteria for spinal cord stimulator (SCS) trial placement include: at least one previous spine operation and patient is not a candidate for repeat surgery; symptoms are primarily radicular in nature; there has been limited response to non-interventional care; psychological clearance; no current evidence of substance abuse issues; and that there are no contraindications to a trial. In this case, the patient undergone anterior cervical discectomy at C3-C4, C4-C5 and C5-C6 and continues to have persistent neck and upper extremity pain. Although the patient presented with radicular symptoms, she was not a candidate for repeat surgical intervention and had no evidence of substance abuse. Moreover, non-interventional care like medications are said to be helpful to the patient. Psychological clearance is likewise lacking. Guideline criteria for a spinal cord stimulator were not met. Therefore, the request for Spinal Cord Stimulator is not medically necessary.

COGNITIVE BEHAVIORAL THERAPY: 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 Behavioral interventions Page(s): 23.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend behavioral interventions and states that identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The ODG recommends an initial trial of 6 visits over 3-6 weeks; and with evidence of symptom improvement, total of up to 13-20 visits over 7-20 weeks (individual sessions). In this case, an initial cognitive behavior therapy consult was done on January 12, 2009. However, the response to the treatment was not documented. The guideline recommends continued course of treatment after trial visits provide evidence of symptom improvement. Furthermore, the present request failed to specify number of treatment sessions. Therefore, the cognitive behavioral therapy is not medically necessary.

PSYCHOLOGICAL CLEARANCE FOR SPINAL CORD STIMULATOR: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.