

Case Number:	CM14-0015382		
Date Assigned:	02/28/2014	Date of Injury:	07/02/1996
Decision Date:	06/30/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery and is licensed to practice in 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 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 a 62-year-old female who sustained an injury on 07/02/96 when she fell. The injured worker has been followed for chronic neck and low back pain. The injured worker has had multiple surgical procedures performed to date to include multiple cervical fusion and lumbar fusion procedures. The injured worker has had tertiary pain management procedures to include the placement of a dorsal column stimulator as well as an intrathecal drug delivery system. The injured worker was recommended for further surgical intervention for the cervical spine to include fusion at C5-6. This has been approved from the clinical reports. The 01/15/14 clinical report did recommend the removal of the injured worker's current dorsal column stimulator to allow for MRI studies to be obtained for the cervical spine for preoperative imaging. The requested removal of the dorsal column stimulator was denied by utilization review on 01/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) REMOVAL OF THE DORSAL COLUMN STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 106-107.

Decision rationale: In regards to the request for removal of the dorsal column stimulator, this request has been made not because of lack of improvement with the use of the stimulator or any indication that there have been complications resulting from the permanent placement of the stimulator. Rather, the request has been made in order to facilitate further imaging of the cervical spine for preoperative planning. The Chronic Pain Guidelines indicate that spinal cord stimulators (SCS) are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful temporary trial. The guidelines also indicate that SCS is recommended as a treatment option for adults with chronic neuropathic pain lasting at least six (6) months despite appropriate conventional medical management, and who have had a successful trial of stimulation. The clinical documentation submitted for review did not contain any rationale for the use of MRI studies over other available diagnostic imaging for patients whom MRI studies are contraindicated such as computerized tomography (CT) scan or CT myelogram. Removal of a dorsal column stimulator to facilitate imaging only would not be considered standard of care or within guideline recommendations. Therefore, this reviewer would not have recommended certification for the request.