

Case Number:	CM14-0118978		
Date Assigned:	08/06/2014	Date of Injury:	07/24/2010
Decision Date:	12/04/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/29/2014

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 Orthopedic Spine Surgeon 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 53 year old male who reported an injury on 07/24/2010. The mechanism of injury was a slip and fall. His diagnoses included cervical pain, bilateral arm radiculopathy, cervical degeneration, cervical stenosis, and cervical spondylolisthesis at the C3-4 with cervical instability. His past treatments included surgery, medications, physical therapy and injections. Diagnostic studies included an MRI which was performed on 11/05/2013 which revealed bilateral cervical radiculopathy, cervical degenerative disk disease, and cervical spine impingement at the C4-5 level, possible cervical facet joint arthropathy, and cervical spondylosis. His surgical history included surgery to the cervical spine which was performed on 11/06/2012. The clinical note dated 10/14/2014 indicated the injured worker presented for follow up status post C3-4 epidural injection. He complained of cervical pain and bilateral arm pain with numbness and weakness. Upon physical examination it was noted the injured worker had biceps, triceps, and brachioradialis reflexes all rated 2/4 bilaterally and normal extremity sensation. The injured worker's medication regimen included Gabapentin 300 mg, OxyContin 30 mg, and Carisoprodol 300 mg. The treatment plan included a recommendation for a computerized tomography (CT) scan of the cervical spine to rule out nonunion of fusion, home exercises and non-steroidal anti-inflammatory drugs. The request was for a spinal cord stimulator trial. The rationale for the request and the request for authorization form were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: 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, Psychological evaluations, spinal cord stimulators Page(s): 105-106, 10. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Spinal cord stimulators (SCS).

Decision rationale: California MTUS Guidelines recommend spinal cord stimulators 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 indicate that spinal cord stimulators should be used in conjunction with comprehensive multidisciplinary medical management. Indications for stimulator implantation include failed back syndrome with persistent pain in patients who have undergone at least one previous back operation or a diagnosis of Complex Regional Pain Syndrome. The guidelines also recommend a psychological evaluation prior to a spinal cord stimulator trial. There is a lack of clinical documentation to indicate a diagnosis of Complex Regional Pain Syndrome. The injured worker had surgery to the cervical spine on 11/06/2012. While the guidelines indicate stimulator use with failed back syndrome with persistent pain in patients who have undergone at least one previous back operation, the guidelines also indicate the procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. The request, as submitted, did not specify the treatment site, whether it is intended for the cervical, thoracic, or lumbar spine. The requesting physician did not include a psychological evaluation for review. The clinical documentation submitted failed to meet guideline criteria for the request. Therefore, the request for a spinal cord stimulator trial is not medically necessary.