

Case Number:	CM14-0154030		
Date Assigned:	09/23/2014	Date of Injury:	01/23/2008
Decision Date:	10/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 61-year-old female who reported an injury on 01/23/2008 due to repetitive stress. On 08/06/2014, the injured worker presented with complaints related to the shoulder, neck, and arms. Upon examination of the cervical spine there was a palpable twitch response and trigger points noted in the muscles of the head and neck specifically. There was pain upon range of motion. Examination of the thoracic spine noted a palpable twitch response and trigger points noted in the thoracic paraspinal muscles. The diagnoses were cervical radiculopathy, pain disorder related to psychological factors and fibromyalgia/myositis. Prior therapy included medications. The provider recommended implant of the neuroelectrodes with electronic analysis under anesthesia and fluoroscopic guidance. The provider's rationale was not provided. The Request For Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implant of Neuroelectrodes with electronic analysis under anesthesia and fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain Chapter, Spinal Cord Stimulator (SCS)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator, Page(s): 105-106..

Decision rationale: The California MTUS states that implantable stimulators are rarely used and should be reserved for injured workers with low back pain for more than 6 months duration who have not responded to standard nonoperative or operative interventions. Indications for the use of stimulator implantation are failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury dyskinesia, and pain associated with multiple sclerosis, as well as peripheral vascular disease. The guidelines recommend a spinal cord stimulator for injured workers who have undergone at least 1 previous back operation and who are not a candidate for repeat surgery with symptoms of primarily lower extremity radicular pain, and who have psychological clearance and no current evidence of substance abuse issues, and no contraindications to a trial. Permanent placement requires the evidence of 50% pain relief and medication reduction or functional improvement after the temporary trial. There is lack of documentation that the injured worker has a diagnosis congruent with the guideline recommendation for a spinal cord stimulator. Additionally, there is lack of evidence that the injured worker has undergone a temporary trial period with 50% of reduction in pain and medication and functional improvement within the duration of the trial period. As such, medical necessity has not been established.