

Case Number:	CM14-0154703		
Date Assigned:	09/24/2014	Date of Injury:	08/01/2005
Decision Date:	10/31/2014	UR Denial Date:	09/09/2014
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 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:

This is a 35 year-old female with a 8/1/05 date of injury. Mechanism of injury was repetitive motion of the right wrist. The patient was most recently seen on 7/21/14 with complaints of worsening RSD pain, cervical spine pain, right upper extremity pain with pain in the shoulder going all the way down to the finger and thumb, and also complains of neck pain and upper back pain. Exam findings revealed tenderness and spasms in the cervical spine. Range of motion was within normal limits. A positive foraminal compression test was noted. Treatment to date: Medications. An adverse determination was received on 9/9/14 due to a lack of documentation of neurological findings that would justify the request for a trial dorsal column implant cervical spine. a neurological consultation was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Doral Column Implant Cervical Spine: 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 Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines & ODG criteria for SCS trial placement include: at least one previous back operation and patient is not a candidate for repeat surgery, symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse issues; and that there are no contraindications to a trial. In addition, neurostimulation is generally considered to be ineffective in nociceptive pain. This patient has been treated for cervical spine pain, with radiation to the right hand. A foraminal compression test was positive. However, no neurological examination was documented. Therefore, the request for Trial Dorsal Column Implant Cervical Spine is not medically necessary.