

<b>Case Number:</b>	CM14-0158945		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	05/09/1994
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Surgery 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 injured worker is a 61 year old male who sustained an injury to his back on 05/09/94 due to cumulative trauma while performing his usual and customary duties. The records indicate that the injured worker has undergone 2 surgeries for the cervical spine and 2 surgeries for the lumbar spine. The injured worker has been diagnosed with thoracic outlet syndrome. He reported constant pain of the spine and shoulders as well as fatigue of the lower limbs. The injured worker had a pick line installed on 06/27/13 for chronic wound care with spinous process exposure and osteomyelitis. MRI of the cervical spine without contrast dated 03/28/14 revealed cervical and upper thoracic spondylosis; extensive post-surgical changes of the anterior/posterolateral cervical fusion; cord atrophy with myelomalacia at the C6 and C7 levels, likely relates to spinal stenosis at these levels prior to cervical fusion; mild bony spinal stenosis at these levels currently, but without evidence of cord compression; prominent left sided facet arthropathy at C3-4 with left sided foraminal narrowing in this area. EMG/NCV of the left upper extremity dated 04/10/14 revealed slowed left ulnar motor velocity across the elbow consistent with left ulnar entrapment neuropathy at the elbow; chronic left C8-T1 denervation, nothing active. Physical examination noted no deformities or misalignments of the bones; no ecchymosis, erythema, lacerations, subcutaneous nodules, or signs of muscle atrophy; upon palpation, there is no swelling, effusion, temperature changes, tenderness, or crepitus. Bony landmarks are normal and there is physiologic continuity of the anatomic structures. Range of motion testing reveals no restrictions or instability related to ligamentous laxity; muscle strength 5/5 in all major muscle groups; special testing of the joints full range of motion, nerve compression, and joint contracture is within normal limits; cranial nerves 2-12 intact; DTRs of the bilateral upper extremities symmetrical and graded at 1/4; reflexes normal; gait untested, as the injured worker could not stand. Sensory diminished in the upper extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) spinal cord stimulator trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-07.

**Decision rationale:** The previous request was denied on the basis that treatment with this modality requires a psychological clearance indicating realistic expectations and clearance for the procedure; however, the documentation provided did not reveal psychological clearance. In addition, guideline criteria include limited response to non-invasive treatment, such as neuroleptic agents, analgesics, injections, and physical therapy. The documentation noted that the injured worker failed injections and physical therapy; however, the most recent documentation noted that the injured worker reported medications were beneficial and without medications, he had absolutely no quality of life. Therefore, the injured worker did not meet all guideline criteria. Based on guideline recommendations and clinical findings, the prospective request for a spinal cord stimulator was not deemed as medically appropriate. After reviewing the submitted records, there was no indication that the injured worker has undergone a psychological/psychiatric evaluation. Given this, the request for one spinal cord stimulator trial is not medically necessary and appropriate.