

<b>Case Number:</b>	CM14-0027430		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/24/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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:

This 51-year-old female Senior Recordable Documents Examiner sustained an industrial injury on May 24, 2010. Injury occurred when she was hit by a car coming out of the county parking garage. She underwent C3-C7 anterior cervical discectomy and fusion (ACDF) on December 1, 2010. The patient was diagnosed with depression and received psychological treatment. The March 1, 2013 cervical CT scan demonstrated post-operative changes C3-C7 with mild central stenosis C3/4 and C4/5, mild right neuroforaminal stenosis of C3/4, and moderate multilevel degenerative facet disease. The February 7, 2014 treating physician report cited neck and left shoulder, arm and hand pain associated with weakness and numbness, and headaches. She was continuing treatment as recommended by the pain management physician. Cervical exam findings documented bilateral upper trapezius trigger points and paravertebral and upper trapezius tenderness, guarding and spasms. Cervical range of motion was mildly decreased with 3/5 strength. Sensation was decreased in the left C6 dermatome. The diagnosis was left C6 radiculopathy and status post C3-C7 ACDF. The treatment plan recommended pain management for left C6 selective nerve root block and possible spinal cord stimulator. The February 24, 2014 utilization review denied the request for outpatient spinal cord stimulator (SCS) as there was no evidence of a SCS trial or psychological clearance. The request for pain management was denied as it was poorly defined.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT SPINAL CORD STIMULATOR (SCS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Spinal cord stimulator (SCS).

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. The Official Disability Guidelines state that this procedure should be employed with more caution in the cervical region than in the thoracic or lumbar due to potential complications and limited evidence. Guideline criteria have not been met. There is no documentation that the patient has undergone either a spinal cord stimulator trial or obtained psychological clearance. There is no evidence that less invasive measures, such as the recommended cervical nerve root blocks, have failed. Therefore, the request for an outpatient spinal cord stimulator (SCS) is not medically necessary or appropriate.

**PAIN MANAGEMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** The Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for treatment of a patient. In this case, the patient is under regular pain management care for medication management. There is no specific indication documented for this non-specific request to establish medical necessity. Therefore, the request for pain management is not medically necessary or appropriate.