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| Case Number: | CM14-0028963 | | |
| Date Assigned: | 04/07/2014 | Date of Injury: | 06/12/2000 |
| Decision Date: | 05/29/2014 | UR Denial Date: | 01/03/2014 |
| Priority: | Standard | Application Received: | 01/17/2014 |

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 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 patient is a [REDACTED] employee who has filed a claim for post-cervical laminectomy syndrome and cervical spondylosis without myelopathy associated with an industry injury of June 12, 2000. Thus far, the patient has been treated with physical therapy, cervical epidural steroid injection, facet nerve blocks, facet rhizotomy, acupuncture, opioids, NSAIDs, Lyrica, Nucynta, Ambien, Ativan, and Lidoderm patches. The patient has had several cervical surgical procedures from 2000 and 2012. In a utilization review report of January 03, 2014, the claims administrator denied a request for spinal cord stimulator trial for the neck as the results of the psychological evaluation for a spinal cord stimulator trial is not yet available. Review of progress notes reports that patient notes that medications are less effective but allow him to perform his ADLs. Pain level and activity level remained the same. The patient also has psychiatric issues of depression and anxiety caused by the injuries, also with opioid dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL CORD STIMULATOR TRIAL- NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome Page(s): 38.

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, Spinal cord stimulators (SCS).

Decision rationale: 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; 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. The latest progress note states that patient is not interested in going forward with the trial and psychological evaluation has not been carried out yet. Given the unwillingness of the patient to undergo the said procedure, the request of spinal cord stimulator trial for the neck is not medically necessary and appropriate at this time.