

<b>Case Number:</b>	CM14-0079372		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Internal 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:

The patient is an injured worker with the diagnoses of cervical radiculitis C5-C6 and C6-C7, chronic pain syndrome, myofascial pain syndrome in the left upper back and neck, cervicothoracic myofascial pain, cervical degenerative disc disease multilevel with C5-C6 moderate to severe right and C6-C7 moderate right neural foraminal narrowing, and prior anterior cervical discectomy and fusion left C6-C7 level 8/8/09. Date of injury was 01-27-2011. The progress report dated 4/8/14 documented subjective complaints of neck pain. He is status post cervical epidural steroid injection targeting C5-6 and C6-7 on 2/26/14. He stated his neck and left arm symptoms have remained the same since his last visit. He has burning and throbbing pain with radiation and numbness and pins and needles down his left arm into his fingertips. Physical examination findings included cervical spine tenderness. Cervical spine range of motion was decreased in all planes. Positive muscle spasms of the bilateral and paravertebral musculature, positive twitching response upon palpation, negative Spurling's test on the left, and decreased left C5-C8 dermatomes were noted. Motor examination found 5/5 strength in the bilateral upper extremities, with the exception of tricep 4/5, bicep 4/5, and grip strength 4/5 all on the left. MRI report of the cervical spine dated 10/7/11 was noted to reveal degenerative disc disease with retrolisthesis at C4-5 with degenerative process present as well. Canal stenosis includes C3-4, C5-6, C6-7 mild canal stenosis. Neural foraminal narrowing includes C5-6 moderate to severe right and C6-7 moderate right, mild left neuroforaminal narrowing. The treatment plan included a request for a spinal cord stimulator trial and a pain psychologist consultation for the spinal cord stimulator trial clearance. Utilization review determination date was 5/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RQ Spinal Cord Stimulator Trial for the Neck and Left Upper Back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators (SCS) are recommended only for selected patients for specific conditions indicated below. Indications for stimulator implantation are failed back syndrome (persistent pain in patients who have undergone at least one previous back operation) more helpful for lower extremity than low back pain, complex regional pain syndrome (CRPS) / reflex sympathetic dystrophy (RSD), post amputation pain (phantom limb pain), post herpetic neuralgia, spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury), pain associated with multiple sclerosis, and peripheral vascular disease. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition states that spinal cord stimulators for chronic cervicothoracic pain with or without radiculopathy are not recommended. Medical records document the diagnoses of cervical radiculitis C5-C6 and C6-C7, chronic pain syndrome, myofascial pain syndrome in the left upper back and neck, cervicothoracic myofascial pain, cervical degenerative disc disease multilevel with C5-C6 moderate to severe right and C6-C7 moderate right neural foraminal narrowing, and prior anterior cervical discectomy and fusion left C6-C7 level 8/8/09. MTUS and ACOEM guidelines do not recommend spinal cord stimulators (SCS) for chronic cervicothoracic pain with or without radiculopathy. Therefore, the request for RQ Spinal Cord Stimulator Trial for the Neck and Left Upper Back is not medically necessary.

**Pain Psychologist Consultation for SCS (Spinal Cord Stimulator) Trial Clearance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators (SCS) are recommended only for selected patients for specific conditions indicated below. Indications for stimulator implantation are failed back syndrome (persistent pain in patients who have undergone at least one previous back operation) more helpful for lower extremity than low back pain, complex regional pain syndrome (CRPS) / reflex sympathetic dystrophy (RSD), post amputation pain (phantom limb pain), post herpetic neuralgia, spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury), pain associated with multiple sclerosis, and peripheral vascular disease. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition states that spinal cord stimulators for chronic cervicothoracic pain with or without radiculopathy are not recommended. Medical records document the diagnoses of cervical radiculitis C5-C6 and C6-C7, chronic pain syndrome, myofascial pain syndrome in the left upper back and neck, cervicothoracic myofascial pain, cervical degenerative disc disease multilevel with C5-C6 moderate to severe right and C6-C7 moderate right neural foraminal narrowing, status post left shoulder arthroscopic subacromial decompression and partial distal claviclectomy 7/7/12, and prior anterior cervical discectomy and fusion left C6-C7 level 8/8/09. MTUS and ACOEM guidelines do not recommend spinal cord stimulators (SCS) for chronic cervicothoracic pain with or without radiculopathy. Because a spinal cord stimulator has been determined to be not medically necessary, the request for a pain psychologist consultation for SCS trial clearance is not necessary. Therefore, the request for Pain Psychologist Consultation for SCS (Spinal Cord Stimulator) Trial Clearance is not medically necessary.