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| Case Number: | CM14-0080280 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 03/06/1992 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 05/19/2014 |
| Priority: | Standard | Application Received: | 05/30/2014 |

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 & 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:

This 64 year-old patient sustained an injury on 3/6/1992 while employed by [REDACTED]. Request(s) under consideration include spinal cord stimulator trial. Diagnoses include cervicgia and lumbago s/p remote neck fusion C3-7 and lumbosacral fusion of L3-S1 (undated). Exam from the provider noted patient with neck pain radiating into the arm with back pain associated with numbness and tingling in her toes and digits rated at 3-7/10. It appears the patient has developed opioid tolerance with recommended slow taper. Medications list Fiorinal, Elavil, Senokot, Lidoderm, Parafon Forte, Prozac, Miralax, Prilosec, Baclofen, Oxycodone, OxyContin, and Meloxicam. Exam showed cervical spine with limited range; positive Spurling's; motor deficits (unspecified muscle or grading); intact sensation of upper extremities; lumbar spine with tenderness at paraspinal musculature; limited range in all planes; no changed from previous. Conservative care has included therapy, medications, TENS, epidural steroid injections, and modified activities/rest. The request(s) for spinal cord stimulator trial was non-certified on 5/19/04 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL CORD STIMULATOR TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators (SCS) Psychological evaluations Page(s): 105-107, 101-102.

Decision rationale: This 64 year-old patient sustained an injury on 3/6/1992 while employed by Longs Drugs Stores. Request(s) under consideration include spinal cord stimulator trial. Diagnoses include cervicalgia and lumbago s/p remote neck fusion C3-7 and lumbosacral fusion of L3-S1 (undated). Exam from the provider noted patient with neck pain radiating into the arm with back pain associated with numbness and tingling in her toes and digits rated at 3-7/10. It appears the patient has developed opioid tolerance with recommended slow taper. Medications list Fiorinal, Elavil, Senokot, Lidoderm, Parafon Forte, Prozac, Miralax, Prilosec, Baclofen, Oxycodone, OxyContin, and Meloxicam. Exam showed cervical spine with limited range; positive Spurling's; motor deficits (unspecified muscle or grading); intact sensation of upper extremities; lumbar spine with tenderness at paraspinal musculature; limited range in all planes; no changed from previous. Conservative care has included therapy, medications, TENS, epidural steroid injections, and modified activities/rest. The request(s) for spinal cord stimulator trial was non-certified on 5/19/04. The patient has not been cleared psychologically for spinal stimulator trial, nor has there been any psychotherapy such as CBT treatment trialed to maximize benefit and improve in the rehabilitation course. MTUS guidelines states that spinal cord stimulators are only recommended for selected patients and may be an option when less invasive procedures are contraindicated or has failed and prior psychological evaluations along with documented successful trial are necessary prior to permanent placement for those patients with diagnoses of failed back syndrome; complex regional pain syndrome; post-amputation pain; post-herpetic neuralgia; spinal cord dysesthesia/injury; multiple sclerosis or peripheral vascular diseases, none identified here. Submitted reports have not demonstrated support to meet these guidelines criteria for this chronic injury with unchanged symptoms, non-progressive clinical findings without report of new injury or acute flare. The patient continues to treat with conservative treatment of medications and exercise program. The spinal cord stimulator trial is not medically necessary and appropriate.