

<b>Case Number:</b>	CM14-0080615		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/09/2008
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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, Pulmonary Diseases 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 51-year-old female who reported an injury on 05/09/2008 due to repetitive, continuous motion to her left upper extremity. The injured worker has diagnoses of adjacent segment disease with disc herniation, left shoulder tendinitis impingement syndrome, right shoulder tendinitis impingement syndrome, status post cubital tunnel release of the left elbow, lateral epicondylitis of the right elbow, status post carpal tunnel release of the left wrist and hand, and symptoms of anxiety and depression. Past medical treatment consists of physical therapy, orthotic supplies, pain management consultations, surgery, and medication therapy. On 01/06/2014, the injured worker underwent an MRI of the cervical spine. Findings revealed straightening of the cervical spine. Marrow signal was unremarkable. There was no fracture seen. The vertebral alignment was maintained with no spondylolisthesis visualized. There was no abnormal signal or mass within the cervical spinal cord. A CT of the cervical spine was obtained on 02/07/2014, revealing that the cervical spine was properly aligned. There were normal vertebral body heights. The injured worker was status fusion of the C5, C6, and C7 vertebral bodies with anterior plate and screws. Metallic fixation device noted at C4-5 level. On 04/09/2014, the injured worker complained of cervical spine pain. There were no physical examination findings documented in this submitted report. The treatment plan is for the injured worker to undergo dorsal column implantation. The rationale and request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of dorsal column implant for pain relief: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-106.

**Decision rationale:** The request for a trial of a dorsal column implant for pain relief is not medically necessary. The California MTUS Guidelines state that implantable spinal cord stimulators are rarely used and should be reserved for injured workers with low back pain for more than 6 months' duration who have not responded to standard, non-operative or operative interventions. Indications for the use of stimulator implantation are failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury, dysesthesias, and pain associated with multiple sclerosis as well as peripheral vascular disease. The guidelines recommend spinal cord stimulators for injured workers who have undergone at least 1 previous back operation and who are not a candidate for repeat surgery, with symptoms of primarily low extremity radicular pain, a psychological clearance, no current evidence of substance abuse issues, and no contraindications to a trial. Signed permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after the temporary trial. The submitted documentation lacked evidence of failed back surgery, and failed conservative treatment. Furthermore, there was a lack of physical exam findings. There was a drug screen submitted on 04/15/2014 showing that the injured worker was in compliance with the MTUS recommended guidelines. However, the medical documents lacked evidence of a psychological clearance, indicating realistic expectations and clearance for the procedure. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.