

Case Number:	CM14-0087776		
Date Assigned:	09/03/2014	Date of Injury:	01/23/2008
Decision Date:	10/09/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/11/2014

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 Texas & Ohio. 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 61-year-old female who reported an injury on 01/23/2008 due to an unknown mechanism. Diagnoses were radiculopathy, cervical, fibromyalgia/myositis. Past treatments were trigger point injections. Diagnostic studies were not submitted. Surgical history was 2 neck surgeries. Physical examination on 05/09/2014 revealed complaints of increased pain in the neck and the arm. The injured worker reported her pain a 9/10. Examination of the cervical spine revealed curvature of the cervical spine. The cervical spine was bilateral paraspinous tenderness. There was a palpable twitch. Positive trigger points were noted in the muscles of the head and neck. The anterior flexion was noted to be 40 degrees. There was pain noted when the neck was flexed anteriorly. Extension of the cervical spine was noted to be 10 degrees. There was pain noted with extension of the cervical spine. Left lateral rotation was noted to be 50 degrees with reported pain. Right lateral rotation of the cervical spine was to 55 degrees with reported pain. Medications were Zocor, Nucynta, Flexeril, Cyclobenzaprine, Paxil, and Neurontin. Treatment plan was for a spinal cord stimulatory. The rationale was "the patient returns to the clinic for her neck and arm pain. She is having increase in her neck and arm pain since the last visit she is awaiting patiently for spinal cord stimulator trial. It has been denied for completely the wrong reasons. In the knee now whether it specifically states that spinal cord stimulation as for her low back pain. It should be emphasized that spinal cord stimulation indications specifically for postlaminectomy syndrome. This unfortunate patient has had 2 neck surgeries and is still complaining of radiating pain down the arms. This is a specific indication for the patient that is medically necessary for this patient. It should be moreover emphasized that the patient's activities of daily living is being effective negatively because of the pain. Per the ACOEM Guidelines the patient has failed conservative therapy and is a perfect candidate for this therapy. I advised the utilization review Dr. Please review the specific facts and reconsider this

case for spinal cord stimulation as the patient is a perfect candidate and meets all the guidelines necessary. This is a clinically significant therapy that the patient needs in order to function." The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative laboratory: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative history & physical: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative chest Xray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Spinal cord stimulator trial with 2 leads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines, spinal stimulator

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Spinal Cord Stimulators

Decision rationale: The decision for spinal cord stimulatory trial with 2 leads is not medically necessary. The Official Disability Guidelines state spinal cord stimulation is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Although there is limited evidence in favor of spinal cord stimulators (SCS) for failed back surgery syndrome, and complex regional pain syndrome type I, more trials are needed to confirm whether spinal cord stimulator is an effective treatment for certain types of chronic pain. Indications for stimulator implantation are failed back syndrome (persistent pain in patients who have undergone at least 1 previous back operation and are not candidates for repeat surgery), when all of the following are present, when symptoms are primarily lower extremity radicular pain, there has been limited response to non-interventional care (e.g., neuroleptic agents, analgesics, injections, physical therapy), psychological clearance indicates realistic expectations and clearance for the procedure, there is no current evidence of substance abuse issues, there are no contraindications to a trial, permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. Estimates are in the range of 40% to 60% success rate 5 years after surgery. Neurostimulation is generally considered to be ineffective treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar due to potential complications and limited literature evidence. Other indications for stimulator implantation are complex regional pain syndrome/reflex sympathetic dystrophy, 70% to 90% success rate, at 14 to 41 months after surgery. It is indicated for post amputation pain (phantom limb pain), postherpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, peripheral vascular disease. The data is also very strong for angina. The medical guidelines state that a spinal cord stimulator is for failed back syndrome. There should be symptoms primarily in the lower extremity for radicular pain. There was no psychological evaluation submitted. There were no significant factors provided to justify the use outside of the current guidelines. Therefore, this request is not medically necessary.