

Case Number:	CM14-0089058		
Date Assigned:	07/23/2014	Date of Injury:	02/14/2007
Decision Date:	10/09/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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 and Oklahoma. 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 43-year-old female who reported an injury on 02/14/2007. The mechanism of injury was not provided. On 05/13/2014, the injured worker presented with numbness and tingling in median nerve distribution; is status post right carpal tunnel release as of 05/05/2014. There is numbness in the ring and pinky finger. They had no complaints of pain. On examination, there was a clean, dry wound with sutures intact and no erythema. There is full range of motion in the right wrist and decreased strength and there was a positive Tinel's. The diagnoses were strain of the cervical, thoracic outlet and carpal tunnel syndrome. Prior therapy included surgery. The provider recommended an MRI of the right shoulder without contrast for cervical radiculitis and a spinal cord stimulator trial. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder without contrast for cervical radiculitis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for MRI of the right shoulder without contrast for cervical radiculitis is not medically necessary. The California MTUS/ACOEM Guidelines state that for most injured workers with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly provided red flag conditions are ruled out. There is lack of documentation of significant neurological deficits on physical examination. Additionally, documentation failed to show the injured worker tried and failed an adequate course of conservative treatment. As such, medical necessity has not been established.

Spinal Cord Stimulator Trial for Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-107.

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

Decision rationale: The request for a spinal cord stimulator trial for the cervical spine is not medically necessary. 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 nonoperative or operative interventions. Indications for use of stimulator implantation are failed back syndrome, complex regional pain syndrome, post amputation pain, post herpetic neuralgia, spinal cord injury, 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 have not a candidate for repeat surgery with symptoms of primarily lower extremity radicular pain, a psychological clearance, no current evidence of substance abuse issues, and no contraindications to a trial period. Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after the temporary trial period. There is lack of documentation of evidence of failed back surgery and failure to respond to conservative treatment, to include medications and physical medicine. As such, medical necessity has not been established.