

Case Number:	CM14-0196406		
Date Assigned:	12/03/2014	Date of Injury:	05/24/2011
Decision Date:	01/23/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/21/2014

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 Rehab 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 is a 48-year-old male with a 5/24/11 date of injury. The injury occurred when a steel door fell and hit him on the head, causing immediate pain to his head and cervical spine. According to a progress note dated 11/17/14, the patient complained of moderate-to-severe pain that radiated up to the head, neck, shoulder, arm, elbow, hand, and fingers. He rated his pain as a 5-9/10. The symptoms were improved with medications. A request for a spinal cord stimulator was denied. Objective findings: very tender at C7-T1 region, tenderness at the clavicle, trapezium, stiff cervical spine, full flexion and extension was less than 25%. Diagnostic impression: cervical strain with bilateral C7 and possible C8 radiculopathy, post-traumatic fibromyalgia, multilevel cervical spinal stenosis, status post C3-C7 fusion with instrumentation (9/2013), possible thoracic outlet syndrome. Treatment to date: medication management, activity modification, transcutaneous electrical nerve stimulation (TENS) unit, and surgeries. A UR decision dated 10/30/14 denied the request for spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator (SCS) trial with fluoroscopy in office: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 101,105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Spinal Cord Stimulation

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines & ODG criteria for SCS trial placement include: at least one previous back operation and patient is not a candidate for repeat surgery, symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse issues; and that there are no contraindications to a trial. In addition, neurostimulation is generally considered to be ineffective in nociceptive pain. However, in the present case, there is no documentation that this patient has failed conservative measures of treatment. There is no documentation that he has had a psychological assessment completed to determine if he is a good candidate for a spinal cord stimulator trial. Furthermore, it is noted that most of his complaints are related to the cervical region, with no documentation of lower extremity complaints. It is also noted that he was "not that interested in a spinal cord stimulator anyways". Therefore, the request SCS trial with fluoroscopy in office is not medically necessary.