

Case Number:	CM15-0002290		
Date Assigned:	01/13/2015	Date of Injury:	02/28/1995
Decision Date:	03/16/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 60-year-old female who reported an injury on 02/28/1995. The mechanism of injury was cumulative trauma. She was diagnosed with cervical postlaminectomy syndrome. Her past treatments were noted to include medications, physical therapy, trigger point injections, surgery, nerve blocks, neck brace, and a spinal cord stimulator placement on 10/2011. On 05/02/2014, it was noted that the spinal cord stimulator was placed years ago, with a revision on 10/13/2011. It was noted that the injured worker's spinal cord stimulator was reprogrammed to where the injured worker had 2 new programs, for a total of 5 with good paresthesia coverage of the right upper extremity up to the shoulder. On 12/18/2014, the injured worker reported right arm and neck pain. She rated her pain as 7/10. Upon physical examination, she was noted to have intact reflexes, myotomes, and sensation throughout. She was also noted to have decreased range of motion of the cervical spine. Her current medications were not provided. The treatment plan was noted to include passive modalities, a home exercise program, decreased pain, and myofascial release. A request was submitted for possible lead revision if coverage is insufficient; however, the rationale was not provided. A 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:

Possible lead revision if coverage is insufficient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The request for possible lead revision if coverage is insufficient is not medically necessary. The California MTUS Guidelines recommend spinal cord stimulator trial when the patient has complex regional pain syndrome and has limited response to non interventional care; psychological clearance indicates realistic expectation and clearance for the procedure; no current evidence of substance abuse issues; and no contraindications to the trial. The clinical documentation submitted for review indicated the injured worker already had a spinal cord stimulator, and it was noted that the spinal cord stimulator was reprogrammed on 05/2014. The most recent note provided does not indicate that the spinal cord stimulator was not working and required a lead revision. Additionally, the clinical documentation does not indicate that the spinal cord stimulator has provided pain relief or increased function to warrant a revision of the leads. Given the above information, the request is not supported by the guidelines. As such, the request for possible lead revision if coverage is insufficient is not medically necessary.