

Case Number:	CM15-0006574		
Date Assigned:	01/26/2015	Date of Injury:	07/30/1990
Decision Date:	03/23/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old female who reported an injury on 07/30/1990. The mechanism of injury was not stated. The current diagnosis is cervical radiculopathy with chronic pain syndrome. The injured worker presented on 12/30/2014 with complaints of severe neck pain associated with severe muscle stiffness bilaterally. Upon examination, there was 4+/5 motor strength of the left finger flexors and intrinsic muscles of the left hand. There was sensory loss in the 1st, 2nd, 4th, and 5th digits of the left hand. Deep tendon reflexes were reduced in the left arm. The injured worker had flexion and extension views of the cervical spine completed on 10/10/2014 which revealed no evidence of instability. The injured worker also had an MRI of the cervical spine on 10/10/2014 which was unremarkable. It is noted that the injured worker underwent placement of a spinal cord stimulator using a transcutaneous approach. The stimulator helped to reduce 40% of neck pain; however, in 2006, the spinal cord stimulator was not functioning, subsequently resulting in a revision. Again in 2011, the injured worker reported increasing pain, and the spinal cord stimulator was found to be nonfunctioning. The injured worker subsequently underwent removal of the spinal cord stimulator. Recommendations at that time included continuation of the current medication regimen, as well as placement of an epidural stimulator. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Placement of The Resume Spinal Cord Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101,105-107.

Decision rationale: The California MTUS Guidelines recommend spinal cord stimulators for selected patients in cases when less invasive procedures have failed or are contraindicated, and implantation should follow a successful temporary trial. According to the documentation provided, the injured worker reported an improvement in symptoms with the previous spinal cord stimulator. Due to migration, the injured worker underwent subsequent removal of the spinal cord stimulator. On 12/09/2014, a replacement of the spinal cord stimulator had been authorized due to its meaningful benefit to the injured worker. However, there were no specific guidelines or literature to support the use of Resume leads. The prospective request for placement of a Resume spinal cord stimulator was not authorized. According to the documentation provided, the provider requested authorization of a standard electrode to be placed in the epidural space due to the prior denial of a Resume stimulator. However, the current request is, again, for placement of a Resume spinal cord stimulator. Given the above, the request is not medically appropriate.