

Case Number:	CM15-0011052		
Date Assigned:	02/11/2015	Date of Injury:	09/29/2008
Decision Date:	12/16/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/20/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 60-year-old female with a date of industrial injury 9-29-2008. The medical records indicated the injured worker (IW) was treated for displacement of lumbar intervertebral disc without myelopathy; degeneration of cervical intervertebral disc; thoracic or lumbosacral neuritis or radiculitis, unspecified; lumbago; neck sprain; degeneration of lumbar or lumbosacral intervertebral disc; myalgia and myositis, unspecified; lumbosacral sprain; and pain, unspecified. In the 11-19-14 and 10-21-14 notes, the IW reported neck, back and left leg pain rated 7 out of 10, which increased from her 9-23-14 visit. The IW wanted to avoid surgery and requested to proceed with a spinal cord stimulator. Medications included Prilosec, Diclofenac and Norco. On examination (10-21-14 and 11-19-14 notes), she was mildly distressed and walked with a limp. Range of motion of the thoracolumbar spine was reduced with pain in extension; flexion was 35 degrees without pain and left and right rotation was normal. Deep tendon reflexes and sensory exam was normal. There was pain on palpation with stiffness and soreness of the intervertebral disc spaces and lumbar spine, which was worse than on previous exam. Treatments included medications. There was no psychological evaluation documented and no indication of a significant change in her spinal condition. A Request for Authorization was received for a spinal cord stimulator and MRI of the thoracic spine. The Utilization Review on 12-26-14 non-certified the request for a spinal cord stimulator and MRI of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

Decision rationale: With regard to spinal cord stimulators, the MTUS CPMTG states: "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Indications for stimulator implantation: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.) Post amputation pain (phantom limb pain), 68% success rate. Post herpetic neuralgia, 90% success rate. Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury). Pain associated with multiple sclerosis. Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina (Flotte, 2004). Review of the documentation submitted for review did not reveal any indications for stimulator implantation, nor evidence of successful temporary trial. It is not clear if this is a request for a trial or permanent implantation. The above citation applies to a permanent request; there is no information given regarding any indication for a trial request. Furthermore, there is no evidence that a psychological evaluation for spinal cord stimulator implantation has been performed. The request is not medically necessary.

MRI of the Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: Per the ODG guidelines with regard to MRI of the lumbar spine: Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be

reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). (Anderson, 2000) (ACR, 2002) See also ACR Appropriateness Criteria. MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery. MRI is the test of choice for patients who have had prior back surgery. (Bigos, 1999) (Bey, 1998) (Volle, 2001) (Singh, 2001) (Colorado, 2001) For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. (Daffner, 2000) (Bono, 2007) Indications for imaging -- MRI (magnetic resonance imaging): Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; Neck pain with radiculopathy if severe or progressive neurologic deficit; Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; Chronic neck pain, radiographs show bone or disc margin destruction; Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"; Known cervical spine trauma: equivocal or positive plain films with neurological deficit; Upper back/thoracic spine trauma with neurological deficit. The documentation submitted for review does not contain positive physical examination findings regarding the thoracic spine or indication of subjective complaints of pain to the cervical spine noted for review that would support the role of an MRI. There are no documented motor, sensory or functional deficits, or aforementioned indication. Without evidence of acute change in injured worker's clinical symptoms or positive physical examination findings, an MRI is not supported. The request is not medically necessary.