

Case Number:	CM15-0131979		
Date Assigned:	07/20/2015	Date of Injury:	04/07/2005
Decision Date:	08/17/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/08/2015

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: Emergency 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 59 year old male who sustained an industrial injury on 4/7/05 from a rigging accident in which he was hit in the face and was catapulted 50 feet off iron and fell 30 feet. He was medically evaluated, given medication, injections, physical therapy, x-rays, MRI's and computed tomography. He currently complains of neck pain that radiates to the middle of his back; he continues with jerking movements; he has headaches. His pain level was 4/10 with medications and 6/10 without medications. On physical exam there was tenderness on palpation over the cervical paraspinal muscles, upper trapezius and scapular boarder with decreased range of motion of the cervical spine, positive Spurling;s test and decreased light touch in bilateral hands. He reports some sleep difficulties. Medications were Tylenol #3, gabapentin. Diagnoses include cervical facet dysfunction; cervicgia; history of brain injury; history of stroke; depression; headaches. Treatments to date include bilateral C4-C6 medial branch block with myelography (8/14/14); medications; home exercise program. Diagnostics include MRI of the cervical spine (6/2012) showed degenerative spondylosis, mild central canal stenosis, disc osteophyte complex, multilevel foraminal stenosis; MRI of the brain (2012) showed tiny T2 high signal lesions consistent with old ischemic event; MRI of the cervical spine (5/4/15) showing moderate degenerative changes, neural foraminal stenosis. In the progress note dated 5/7/15 the treating provider's plan of care includes requests for spinal cord stimulator trial and on 5/2/15 a request for psychological clearance for the spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial: 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 spinal cord stimulators (SCS), and psychological evaluations Page(s): 100-101, 105-107.

Decision rationale: The requested Spinal Cord Stimulator Trial, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, spinal cord stimulators (SCS), and psychological evaluations, and Official Disability Guidelines, Pain (Chronic), Spinal Cord Stimulators, Psychological Evaluation note that spinal cord stimulators are "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated" and "Spinal cord stimulators (SCS) should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management" and "Indications for stimulator implantation: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: (1) 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.); (2) psychological clearance indicates realistic expectations and clearance for the procedure; (3) there is no current evidence of substance abuse issues; (4) there are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial." The injured worker has neck pain that radiates to the middle of his back; he continues with jerking movements; he has headaches. His pain level was 4/10 with medications and 6/10 without medications. On physical exam there was tenderness on palpation over the cervical paraspinal muscles, upper trapezius and scapular boarder with decreased range of motion of the cervical spine, positive Spurling's test and decreased light touch in bilateral hands. He reports some sleep difficulties. The treating physician has not sufficiently documented the above-referenced criteria including an absence of documented CRPS or failed post-surgical syndrome. The criteria noted above not having been met, Spinal Cord Stimulator Trial is not medically necessary.

Psych Clearance for Spinal Cord Stimulator Trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators (SCS), and psychological evaluations Page(s): 100-101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Spinal Cord Stimulators, Psychological Evaluation.

Decision rationale: The requested Psych Clearance for Spinal Cord Stimulator Trial, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, spinal cord stimulators (SCS), and psychological evaluations, and Official Disability Guidelines, Pain (Chronic), Spinal Cord Stimulators, Psychological Evaluation note that spinal cord stimulators are "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated" and "Spinal cord stimulators (SCS) should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management" and "Indications for stimulator implantation: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: (1) 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.); (2) psychological clearance indicates realistic expectations and clearance for the procedure; (3) there is no current evidence of substance abuse issues; (4) there are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial." The injured worker has neck pain that radiates to the middle of his back; he continues with jerking movements; he has headaches. His pain level was 4/10 with medications and 6/10 without medications. On physical exam there was tenderness on palpation over the cervical paraspinal muscles, upper trapezius and scapular boarder with decreased range of motion of the cervical spine, positive Spurling's test and decreased light touch in bilateral hands. He reports some sleep difficulties. The treating physician has not sufficiently documented the above-referenced criteria including an absence of documented CRPS or failed post-surgical syndrome. The criteria noted above not having been met, Psych Clearance for Spinal Cord Stimulator Trial is not medically necessary.