

Case Number:	CM15-0134867		
Date Assigned:	07/23/2015	Date of Injury:	06/07/2005
Decision Date:	09/11/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/13/2015

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 65 year old male, who sustained an industrial injury on 6/7/2005. The mechanism of injury is unknown. The injured worker was diagnosed as status post cervical spine fusion, bilateral carpal tunnel syndrome, cervical radiculopathy/stenosis and post-surgical spine syndrome, cervical region. There is no record of a recent diagnostic study. Treatment to date has included anterior cervical discectomy and fusion, epidural steroid injection, therapy and medication management. In a progress note dated 6/22/2015, the injured worker complains of neck pain rated 7-8/10 and left shoulder pain, radiating to the bilateral upper extremities with numbness and tingling with the right worse than the left. Physical examination showed decreased cervical range of motion and decreased sensation in the right cervical 6-8 dermatomes. The treating physician is requesting a 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, 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: Complex Regional Pain Syndrome (CRPS), Failed Back Surgery Syndrome (FBSS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Spinal cord stimulator Page(s): 107.

Decision rationale: The California MTUS chronic pain guidelines on page 107 recommend spinal cord stimulator trials for failed back syndrome, complex regional pain syndrome, post-amputation pain, and post herpetic neuralgia, spinal cord injury dysesthesias in the lower extremities, multiple sclerosis and peripheral vascular disease. The guidelines do not indicate use of spinal cord stimulators for failed neck surgery. ODG guidelines also do not recommend use of spinal cord stimulators for failed neck surgery. As such, the request for a spinal cord stimulator is not medically necessary.