

Case Number:	CM15-0144766		
Date Assigned:	08/05/2015	Date of Injury:	11/23/2002
Decision Date:	09/02/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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: Illinois, California, Texas
 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:

This injured worker is a 73-year-old male who sustained an industrial injury on 11/23/02. Injury occurred when he was walking between a narrow pathway between a cage and forklift, and tripped and fell onto his right arm. He was diagnosed with a right elbow fracture. Past medical history was positive for heart disease, and Charcot-Marie-Tooth disease with lower extremity atrophy and bilateral hand contractures. Past surgical history was positive for triple bypass, elbow replacement in 2003, cataract surgery, and anterior cervical fusion at C4-7 in 2005. The 11/28/14 cervical spine MRI impression documented status post fusion from C4/5 through C6/7 with no significant abnormalities. There were degenerative changes from C1/2 through C3/4, and from C7/T1 through the upper thoracic region. At C2/3 there was a 1-2 mm retrolisthesis with 2 mm disc bulge and marked facet hypertrophy narrowing the neural foramina. There was a left paracentral annular tear at C3/4 with 2 mm disc bulge with lateral disc osteophyte spurring and facet hypertrophy narrowing both neural foramina. At C7/T1, there were degenerative disc changes, 2-3 mm broad-based disc protrusion extending into the region of the right proximal neural foramen, and facet hypertrophy. At T1/2, there was a 2 mm anterolisthesis with 3 mm right paracentral disc protrusion and facet hypertrophy. There were severe degenerative disc changes at T2/3 with 3-4 mm anterolisthesis and facet hypertrophy narrowing both neural foramen. The 6/11/15 treating physician report cited upper and lower extremity neuropathy and co-morbidity of Charcot-Marie-Tooth disease with complete bilateral hand contractures. Pain was reported grade 10/10 without medications, and reduced to grade 4/10 with medications. He underwent a cervical epidural steroid injection on 5/18/15 with limited benefit. Cervical spine

exam documented paraspinal tenderness to palpation, positive compression signs on the right, limited range of motion, positive Spurling's, atrophy both hands, decreased hand grip bilaterally, and decreased bilateral C6-C8 dermatomal sensation. Biceps reflexes were diminished bilaterally. Current medications included Naproxen and Norco. The diagnosis included post laminectomy syndrome cervical spine, cervicalgia, cervical spinal stenosis, and cervical radiculopathy. Conservative treatment included home exercise program and medications. The injured worker had failed cervical epidural steroid injection and a trial of cervical spinal cord stimulator was requested with psychological clearance and pre-operative labs if approved. Authorization was requested for cervical spinal cord stimulator, psychological evaluation for spinal cord stimulator trial, and unknown pre-operative labs for a spinal cord stimulator trial. The 7/13/15 utilization review non-certified the request for a spinal cord stimulator trial as the injured worker was diagnosed with Charcot-Marie-Tooth disease causing complete contracture of both hands which would be comparable to complex regional pain syndrome, however he was reporting good benefit with medications and guidelines did not recommend use in the cervical spine. The requests for psychological evaluation and pre-operative labs were non-certified as the injured worker was not a candidate for the spinal cord stimulator procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cervical 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), Pain (Chronic), Spinal cord stimulators (SCS); Neck & Upper Back, Spinal cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Spinal cord stimulation (SCS).

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. The Official Disability Guidelines specifically do not recommend the use of a spinal cord stimulator for any condition specific to the cervical spine. Spinal cord stimulator is recommended as a last resort for two conditions, patients meeting criteria of complex regional pain syndrome, Type 1, or with failed back surgery syndrome. Guideline criteria have not been met. This injured worker presents status post C4-C7 anterior cervical fusion with residual bilateral upper extremity pain, complicated by the presence of Charcot-Marie-Tooth disease. Current medications include Naproxen and Norco which provide VAS 5-6/10 pain relief with use. Spinal cord stimulators are not typically recommended in cervical conditions. There is no compelling rationale to support the medical necessity of this request in the absence of guidelines support. Therefore, this request is not medically necessary.

Associated surgical service: 1 psych evaluation for spinal cord stimulator trial: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Unknown pre-op labs for SCS trial: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.