

Case Number:	CM15-0160303		
Date Assigned:	08/26/2015	Date of Injury:	07/29/2010
Decision Date:	09/29/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	08/17/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 was a 54 year old female, who sustained an industrial injury, July 28, 2010. The injured worker previously received the following treatments the injured worker failed physical therapy, injections and non-steroidal anti-inflammatory medications, Naproxen, Prilosec, Norco, Flexeril and Diclofenac. The injured worker was diagnosed with cervical arthrosis and or radiculopathy, cervicgia, neuralgia, insomnia, acid reflex, trapezial and paracervical strain, bilateral forearm tendinitis, status post bilateral cubital tunnel release, carpal tunnel release and ulnar nerve decompression at the wrist. According to progress note of June 3, 2015, the injured worker's chief complaint was bilateral upper extremity radicular pain. The injured worker had failed non-steroidal anti-inflammatories, opiates, steroids, muscle relaxants and epidural blocks. The injured worker pain was severe and radiated from the lateral aspect of the neck into the shoulders, arms, forearms and hands. The physical exam noted numbness in the arms with pain radiating down the arm. There was paraspinal tenderness on the right and left. The foraminal closure test was positive on the right. There was pain in the C6-C8 distribution right greater than the left. There was limited range of motion to 70 degrees. The cervical spine had painful range of motion at 60 degrees bilaterally. The treatment plan included psychiatric clearance for a spinal stimulator trial and thoracic spine MRI were typically required by the insurance company.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective MRI Thoracic Psychology clearance prior to spinal cord stimulator trial DOS 7-3-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators, psychological evaluations Page(s): 107, 101.

Decision rationale: CA MTUS states that psychological evaluations are recommended for candidates of spinal cord stimulator (SCS) trials. In this case, the claimant underwent a psychological evaluation approximately 1.5 years ago for a SCS trial and was not found to have any negative predictors for the trial implantation. No rationale is given for a repeat psychological evaluation. In addition it is not clear that the claimant is eligible for the procedure. Therefore, the request for a repeat psychological evaluation is not medically necessary or appropriate.

Retrospective MRI Thoracic spine DOS 7-3-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 105-107.

Decision rationale: CA MTUS supports the use of spinal cord stimulators (SCS) only for selected patients where less invasive procedures have failed or are contraindicated for certain specific chronic pain conditions. In this case, eligibility for a SCS has not been determined. Therefore, the necessity of a pre-operative thoracic MRI cannot yet be determined. The MRI should be postponed until the SCS request is approved. Therefore, the request at this time is not medically necessary or appropriate.