MAXIMUS Federal Services

Case Number:	CM15-0163112		
Date Assigned:	08/31/2015	Date of Injury:	03/14/2014
Decision Date:	09/30/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/19/2015

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: Physical Medicine & Rehabilitation, 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 54 year old female sustained an industrial injury to multiple body parts on 8-12-03. Previous treatment included bilateral carpal tunnel release, left rotator cuff repair, physical therapy, injections and medications. Computed tomography cervical spine showed ossified posterior longitudinal ligament with degenerative disc disease and borderline central stenosis. Electromyography and nerve conduction velocity test (May 2014) showed borderline carpal tunnel syndrome with evidence of sensory peripheral neuropathy. In a visit note dated 8-7-15, the injured worker complained of ongoing pain to the neck and bilateral hands, wrists, shoulder and elbows. Physical exam was remarkable for tenderness to palpation in the region concordant with the injured worker's described areas of pain and deep palpation resulted in distal radiation of pain. The injured worker's gait was mildly antalgic. The injured worker had significantly difficulty walking with poor balance and an unstable, wide-based gait. The injured worker was unable to walk without the use of a can. Current diagnoses included brachial neuritis or radiculitis, long term use of medications, cervical spine stenosis and cervical disc degeneration. The physician noted that the injured worker's functionality had slowly worsened over time. The injured worker had had significant problems with hyperglycemia in the past and was told not to have cortisone injections. The physician recommended a spinal cord stimulator trial, a neurology consultation, a course of aqua therapy and continuing medications (Flexeril, Naproxen Sodium and Norco).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Spinal cord stimulator trail: 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 SCS Page(s): 38, 101, 105-107.

Decision rationale: Regarding the request for a spinal cord stimulator trial, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, it does not appear that all invasive procedures have failed, as the requesting physician is currently asking for additional diagnostic workup with neurologist. Furthermore, there is no documentation that the patient has undergone a successful psychological clearance evaluation. In the absence of such documentation, the currently requested spinal cord stimulator trial is not medically necessary.