Case Number:	CM15-0165678		
Date Assigned:	09/03/2015	Date of Injury:	11/06/2008
Decision Date:	10/14/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/24/2015

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 54 year old female who sustained an industrial injury on 11-06-08. A review of the medical record indicates that the injured worker is undergoing treatment for cervical and lumbar radiculopathy, headache, cervical dystonia, myofascial muscle pain, right shoulder pain, degeneration of cervical intervertebral disc, constipation, and depression. Treatment has included a cervical spinal fusion, unknown levels 02-10, lysis of adhesions 05-31-11, Right C7 nerve root block 02-11-14, foraminotomy 06-05-14, cervical epidural steroid injections 06-09 and 02-27-15, home exercises, and medications. Diagnostic studies include MRIs of the cervical and lumbar spines, right shoulder, left knee; a CT and x-rays of the cervical spine, and electrodiagnostic studies, none of which are addressed in the notes. Medical records indicate a slight improvement in her reported pain levels, from 9/10 on 02-05-15, 8/10 on 03-05-15, 9/10 on 04/30/15, to 7/10 on 06-01-15 and 06-27-15. The ability to perform activities of daily living and functional improvement are not addressed in the notes. The physical exam noted no change in range of motion (03-05-15 to 07-27-15.) The original utilization review dated 08- 07-15 denied the lumbar spinal cord stimulator due to no detailed description of prior treatments, no mention of when the current symptoms began, no details regarding the injured worker's functional status, or documentation of 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:

Lumbar spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

Decision rationale: California MTUS chronic pain medical treatment guidelines indicate spinal cord stimulator implantation for failed back syndrome. It works best for neuropathic pain and should be employed with more caution in the cervical region than in the thoracic or lumbar area. It is also indicated for complex regional pain syndrome, post-amputation pain, post herpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis and peripheral vascular disease causing pain. It is recommended only for selected patients in cases where less invasive procedures have failed or are contraindicated. A temporary trial is necessary prior to implantation. In this case, there is no documentation of a temporary trial. The documentation provided does not indicate the surgical levels. The operative reports are not currently available. There has been no trial of a spinal cord stimulator. As such, the request for a spinal cord stimulator implantation in the lumbar area is not medically necessary.