

Case Number:	CM15-0194869		
Date Assigned:	10/08/2015	Date of Injury:	09/20/2010
Decision Date:	11/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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: 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 51 year old female injured worker suffered an industrial injury on 9-20-2010. The diagnoses included degeneration of cervical intervertebral disc, cervical disc displacement, cervical radiculitis, and cervical post-laminectomy syndrome. On 6-4-2015 the prodder noted the injured worker was a candidate for repeat epidural and-or spinal cord stimulator. The exam showed asymmetry of the neck and shoulders with tilting of the head and neck to the left. On axial compression of the cervical spine revealed left trapezius. The upper extremity sensation to light touch was diminished over the C5-6 dermatome. On 6-22-2015, the treating provider reported occasional cervical pain rated 3 out of 10. There were no longer associated headaches or tension between the shoulder blades. On exam, the cervical spine had limited range of motion. The Utilization Review on 9-14-2015 determined non-certification for Psyche evaluation-testing (5 hours) clearance for spinal cord stimulator (SCS) trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyche evaluation- testing (5 hours) /clearance for spinal cord stimulator (SCS) trial:

Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: The California MTUS states that SCS trials are indicated in patients with specific pain complaints and failures of other conventional therapies. However SCS is not indicated for cervical spinal complaints. This patient has only cervical pain diagnoses and therefore SCS is not indicated. Therefore psyche testing for SCS trial is not medically necessary.