

Case Number:	CM15-0195639		
Date Assigned:	10/09/2015	Date of Injury:	06/17/2002
Decision Date:	11/24/2015	UR Denial Date:	09/05/2015
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: New Jersey

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:

This 50 year old female sustained an industrial injury on 6-17-2002. Documentation indicated that the injured worker was receiving treatment for cervical failed back surgery syndrome with cervical degenerative disc disease and radiculopathy. Previous treatment included physical therapy, neck surgery and medications. In a request for authorization dated 8-28-15, the injured worker complained of neck, shoulder and mid back pain rated 5 to 7 out of 10 on the visual analog scale. The injured worker reported that her function improved by 70% with medications. Physical exam was remarkable for cervical spine with "reduced" range of motion, tenderness to palpation in the bilateral cervical paravertebral regions, right trapezius and right interscapular area, "exquisite" tenderness to palpation at the right trapezius muscle with a tight band and triggering of pain down the right at the C4-5 and C5-6 level with positive right Spurling test for neck pain and radiculopathy and positive left Spurling test for neck pain. The physician stated that the injured worker had undergone neck surgery, physical therapy and "multiple" interventional procedures all of which gave her only temporary relief. Current doses of medications allowed the injured worker to perform activities of daily living. Attempts at weaning medications had resulted in a decline in activity. The physician documented that the injured worker had undergone a psychological evaluation and had been cleared to proceed with dorsal column stimulator trial and implantation. The physician documented that the psychologist found that the injured worker had realist expectations without evidence of depression, anxiety or somatization disorder. The treatment plan included continuing medications (Morphine ER and Norco) and proceeding with dorsal column stimulator trial. On 9-4-15, Utilization Review noncertified a request for 1 dorsal column stimulator trial and implantation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 dorsal column stimulator trial and implantation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that spinal cord stimulators (SCS) is indicated only in the following situations: 1. Failed back surgery syndrome, 2. Complex regional pain syndrome/reflex sympathetic dystrophy, 3. Post amputation pain (phantom limb pain), 4. Post herpetic neuralgia, 5. Spinal cord injury dysesthesias (radiculopathy related to spinal injury), 6. Pain associated with multiple sclerosis, and 7. Peripheral vascular disease causing pain. SCS may be recommended only after careful counseling and comprehensive multidisciplinary medical management and with continued physical therapy. In the case of this worker, the records stated that she had already trialed spinal stimulation years prior to this request, but this was unsuccessful. More recently, due to persistent qualifying symptoms of radiculopathy and pain, another request was made for a spinal stimulation trial and implantation. However, without prior success, a second trial cannot be justified and there was no explanation/argument found in the notes made available for review as to why this time would be different. Also, a request for a trial should be separate from the permanent implantation in order to confirm that the trial was successful prior to implantation. Also, the location was not specified in the request. Therefore, considering these factors, the request for 1 dorsal column stimulator trial and implantation is not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, differentiation: dependence & addiction.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards yearly or more frequently in settings of increased risk of abuse, in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen

medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was record of having a recent normal and predictable drug screen result suggestive of low risk of misuse of medications prescribed. There was also no found evidence in the notes provided to show this worker was at an elevated risk from aberrant behavior or previous abnormal tests which would help to justify this request for another urine screening test only 2 months after a normal drug test resulted. Therefore, this request for a urine drug screen is not medically necessary.