

Case Number:	CM15-0195933		
Date Assigned:	10/09/2015	Date of Injury:	05/20/2013
Decision Date:	11/19/2015	UR Denial Date:	09/30/2015
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: Illinois, California, Texas
 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:

This injured worker is a 51-year-old female who sustained an industrial injury on 5/20/13. The mechanism of injury was not documented. Past surgical history was positive for anterior cervical discectomy and fusion at C5-C7/T1 in December 2013. The 9/8/14 cervical spine MRI documented status post anterior cervical discectomy and instrumentation at C5-C7 without recurrent central canal or neural foraminal narrowing. Conservative treatment had included medications, acupuncture, chiropractic therapy, land based physical therapy, massage therapy, cervical facet joint injections, and a transcutaneous electrical nerve stimulator (TENS) unit. The injured worker underwent psychological clearance evaluation on 4/16/15 for a spinal cord stimulator (SCS) trial and the psychologist concluded that the injured worker was a satisfactory candidate for a spinal cord stimulator trial from a psychological perspective. Records indicated that she underwent a spinal cord stimulator trial on 8/17/15. The 8/21/15 treating physician report cited 50%-80% relief of right jaw, right upper back and right anterior chest wall pain with the use of spinal cord stimulator during the past 5 days. She reported that her activity increased, medication (Norco) use decreased, and she did not need to use the TENS unit. The injured worker had a hopeful positive appearance and was noted to be interactive. The spinal cord stimulator site was negative for signs of infection. The trial leads were removed. Authorization was requested for implantation of neural spinal cord stimulator leads and generator, fluoroscopy and sedation. The 9/21/15 treating physician report cited aching neck pain into the right periscapular region with occasional right upper extremity numbness. Pain was reported 10/10 without medications and 7/10 with medications. She had a spinal cord stimulator trial and it was

helpful. She wanted to proceed with the permanent implant. She was taking Norco for severe pain, which was helpful. Pain was reported tolerable with medications and helped increase function in activities of daily living. She had no significant medication side effects or aberrant behavior. She worked on her home exercise program and used a TENS unit daily, which was very helpful. The treatment plan recommended continued medications, home exercise program, and TENS unit. The 9/30/15 utilization review non-certified the request for implantation of neural spinal cord stimulator leads and generator, fluoroscopy and sedation as the use of a spinal cord stimulator is not recommended for any condition specific to the cervical spine. The 10/21/15 treating physician report indicated that the patient had continued severe neck that was not well controlled. She had a spinal cord stimulator that was helpful. She was able to discontinue Morphine, gabapentin, and amitriptyline, and was able to manage the pain with Norco 10/325 mg 2-3 times daily and stay functional. She was using a TENS unit but finding that less helpful. Appeal was requested for spinal cord stimulator implantation and authorization was requested for an H-wave unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implantation of neuralspinal cord stimulator leads and generator, fluoroscopy and sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS 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 (ODG) Neck and Upper Back: Spinal cord stimulation (SCS).

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome (CRPS). Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. The Official Disability Guidelines state that a spinal cord stimulator is not recommended except as a last resort for two conditions, selected patients meeting detailed criteria with either CRPS Type I, or with failed back surgery syndrome (FBSS). The ODG state that a spinal cord stimulator is not recommended for any condition specific to the cervical spine. Guideline criteria have not been met. This injured worker presents with chronic neck pain status post two-level anterior cervical discectomy and fusion. There was been benefit documented with medication management, home exercise program, and a home TENS unit extending beyond the recent spinal cord stimulator trial. Guidelines do not recommend the use of a spinal cord stimulator for any condition relative to the cervical spine. There is no compelling rationale presented to support the medical necessity of this request as an exception to guidelines. Therefore, this request is not medically necessary.