

Case Number:	CM15-0025681		
Date Assigned:	02/24/2015	Date of Injury:	01/27/2011
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/10/2015

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

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 51-year-old male, who sustained an industrial injury on 01/27/2011. He has reported immediate pain to the neck, mid back, and left upper extremity after a patient tripped and landed his full weight onto the injured worker. Diagnoses include cervical right radiculopathy, cervical stenosis, cervical degenerative disc disease, cervical herniated nucleus pulposus, cervical facet arthropathy, cervical myofascial strain, left De Quervain's tenosynovitis, left shoulder acromioclavicular joint arthropathy, chronic pain, and status post cervical surgery. Treatment to date has included trigger point injections, chiropractic care, physical therapy, medication regimen, cervical epidural steroid injections, electromyogram of the left upper extremity, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the thoracic spine, and magnetic resonance imaging of the left shoulder. In a progress note dated 12/23/2014 the treating provider reports poor balance, multiple falls, hair loss, and stabbing pain to the neck and mid back that radiates to the left shoulder, arm and hand, along with associated symptoms of pins, needles, and numbness to the left hand. The pain is rated six to seven out of ten. The treating physician requested a trial use of a spinal cord stimulator noting psychological clearance, but did not indicate the specific reason for this requested treatment. The treating physician requested a magnetic resonance imaging of the brain to further evaluate the injured worker's poor balance. On 01/30/2015 Utilization Review non-certified the requested treatments of spinal cord stimulator trial and magnetic resonance imaging of the brain, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, Spinal

Cord Stimulators and Official Disability Guidelines Head Chapter, Magnetic Resonance Imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation CA MTUS/ACOEM Independent medical examination Chapter 7 page 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulation Page(s): 105-107. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Spinal cord stimulation.

Decision rationale: This patient presents with neck, mid back and left shoulder pain with numbness and pin-and-needles sensation in the left hand and all digits. The current request is for SPINAL CORD STIMULATOR TRIAL. Under spinal cord stimulation MTUS Guidelines page 105 to 107 states, "recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated for specific conditions and following a successful temporary trial." ODG Guidelines regarding spinal cord stimulator also states for "failed back syndrome, persistent and pains who have undergone at least 1 previous back operation and are not candidates for repeat surgery when all of the following are present: (1) Symptoms of primarily lower extremity radicular pain. There has been limited response to nonintervention care, (2) Psychological clearance indicates realistic expectations and clearance for procedure, (3) There is no current evidence of substance abuse issues, (4) There are no contraindications to a trial, (5) Permanent placement requires evidence of 50% pain relief." In this case, the patient does not meet the criteria recommended by MTUS or ODG for a trial of stimulator as he has not "undergone at least 1 previous back operation." ODG requires ALL criteria to be met prior to consider a spinal cord stimulator trial. This request IS NOT medically necessary.

MRI Brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines head chapter, MRI.

Decision rationale: This patient presents with neck, mid back and left shoulder pain with numbness and pin-and-needles sensation in the left hand and all digits. The current request is for MRI BRAIN. ODG Guidelines under its head chapter, MRI, states this is a well-established brain imaging study and it is indicated as follows: Explain neurological deficit not explained by

CT, to evaluate prolonged interval of disturbed consciousness to determine evidence of acute changes superimposed on previous trauma or disease. MRI is more sensitive than CT for detecting traumatic cerebral injury. The treating physician is requesting an MRI of the brain due to the patient's complaints of dizziness. No neurological findings were noted on the report. In this case, the patient does not meet the requirements set by ODG for an MRI of the brain. The request IS NOT medically necessary.