

Case Number:	CM15-0211060		
Date Assigned:	10/29/2015	Date of Injury:	06/18/2003
Decision Date:	12/16/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/26/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 is a 45 year old male with a date of injury on 6-18-03. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck and back pain. Progress report dated 9-10-15 reports continued complaints of severe neck pain with numbness and tingling to bilateral arms, right greater than the left that can produce complete arm numbness with extension of the cervical spine. He has complaints of severe lower back pain and leg pain. He is taking Dilaudid for breakthrough pain and Cymbalta for depression. Objective findings: he walks with an antalgic gait, lumbar sensation is decreased, straight leg raise is positive on left and right, decreased cervical sensation and numbness in his right arm with extension of cervical spine and he has decreased strength of right and left arm. MRI of the lumbar spine on 8-28-12 showed central canal stenosis, mild right and moderate left neural foraminal stenosis. Treatments include: medication, physical therapy, cervical laminectomy and cervical fusion and epidural steroid injections. Request for authorization dated 9-15-15 was made for Permanent implantation of spinal cord stimulator with [REDACTED] implantation of generator, electric analysis fluoroscopic guidance and IV sedation for the cervical neck. Utilization review dated 9-22-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent implantation of spinal cord stimulator with [REDACTED] implantation of generator, electric analysis fluoroscopic guidance and IV sedation for the cervical neck:
Upheld

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

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

Decision rationale: Regarding the request for Permanent implantation of spinal cord stimulator with [REDACTED] implantation of generator, electric analysis fluoroscopic guidance and IV sedation for the cervical neck, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. Within the documentation available for review, there is no documentation that the patient has undergone a successful psychological clearance evaluation or a successful trial. In the absence of such documentation, the currently requested Permanent implantation of spinal cord stimulator with [REDACTED] implantation of generator, electric analysis fluoroscopic guidance and IV sedation for the cervical neck is not medically necessary.