

Case Number:	CM15-0030731		
Date Assigned:	02/25/2015	Date of Injury:	11/27/2002
Decision Date:	04/08/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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 patient, who sustained an industrial injury on 11/27/2002. A pain management visit dated 11/25/2014 reported subjective complaints of neck pain, back pain and shoulder pain. The following diagnoses are applied; cervical radicular pain; myofascial pain, degeneration of cervical intervertebral disc and cervical spondylosis without myelopathy. He uses Amitriptyline 25MG. A request was made for durable medical equipment a spinal cord stimulator battery, lead placement, reprogramming and trial of unit. On 02/02/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain Guidelines, Spinal Cord Stimulator was cited. On 02/18/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator (SCS) to include: (SCS battery/flow, Trial SCS/flow, Implant lead, Reprogramming, Pt programmer/trial kit, recharging system): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation Page(s): 105-107.

Decision rationale: This patient presents with neck pain, back pain, and shoulder pain. The treater has asked for SPINAL CORD STIMULATOR (SCS) TO INCLUDE SCS BATTERY/FLOW, TRIAL SCS/FLOW/IMPLANT LEAD, REPROGRAMMING, PT PROGRAMMER, TRIAL KIT, RECHARGING SYSTEM but the requesting progress report is not included in the provided documentation. The 1/14/15 psychological evaluation cleared patient as an appropriate candidate for a spinal cord stimulator. An MRI of the T-spine dated 3/18/14 is unremarkable per utilization review letter dated 2/2/15. An MRI of the C-spine dated 6/6/13 reveals C5-6 bilateral foraminal stenosis, worse on the left, multilevel spondylosis alteration not significant to recommend surgery. The patient has failed acupuncture, epidural steroid injection, spinal blocks, and two radiofrequency rhizotomies with no improvement per 8/25/14 report. Per 8/4/14 report, surgery is not recommended for the patient, as he desires to continue with conservative treatment. The patient is "not a surgical candidate at this time and" his pain is due to a cervical radicular pain" per 11/25/14 report. MTUS recommends neurostimulation when less invasive procedures have failed or are contraindicated, for failed back surgery syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesias, multiple sclerosis, peripheral vascular disease, and angina - following a successful trial. In this case, the patient presents with chronic back pain and has failed conservative treatment. The patient does not present with any of the indications per MTUS guidelines for a spinal cord stimulator. While the patient suffers from chronic low back pain, there is no evidence of prior surgery with failed back. There are no other diagnoses for which a SCS trial may be indicated. The request IS NOT medically necessary.