MAXIMUS Federal Services

Case Number:	CM15-0039002		
Date Assigned:	03/09/2015	Date of Injury:	05/06/1999
Decision Date:	05/05/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/02/2015

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:

The injured worker is a 43-year-old female who sustained an industrial injury on 5/6/99. The mechanism of injury was not documented. The 2/9/15 utilization review non-certified the request for a cervical spinal cord stimulator as there was no documentation of a psychological evaluation with respect to the cervical spine and it was unclear why she needed a cervical spine spinal cord stimulator. The 3/9/15 treating physician report cited a history of back, neck, and global joint pain. Current complaints included back, neck, and knee pain radiating to the bilateral arms, legs, hands, and feet. Pain was described as burning and aching with associated muscle spasms. Pain was worse with sitting, standing, walking, lying down, lights and brightness. Pain was better with medication and darkness. She reported that pain had increased lately and she was having more headaches and radiculopathy in her arms. She had numbness and burning down the inside of both of her arms with the pinky on both hands being numb. Oral medications were not helping as well and she was asking for IDDS (intrathecal drug delivery system) increase. Dilaudid was helping better in the IDDS pump. The treating physician discussed increasing the IDDS by 10%, and weaning off Morphine to Norco when IDDS is stable. Cervical spinal cord stimulator was requested for her radicular symptoms and to start to wean oral opioids and IDDS dosing. Denial was noted for cervical spinal cord stimulator based on absence of trial and psychological consult. A spinal cord stimulator trial was planned. A psychological evaluation was discussed. The diagnosis included chronic pain syndrome, opioid dependence, lumbago, lumbar postlaminectomy syndrome, cervicalgia, and cervical disc disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical Spinal cord stimulator as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM https://www.acoempracguides.org/ cervical and Thoracic Spine; Table 2, Summary of Recommendations, cervical and thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107. 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. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. The Official Disability Guidelines state that spinal cord stimulation is not recommended except as a last resort for two conditions, selected patients meeting detailed criteria with either Complex Regional Pain Syndrome (CRPS) Type I, or with Failed Back Surgery Syndrome (FBSS). Guidelines state that spinal cord stimulation is not recommended for any condition specific to the cervical spine. Guideline criteria have not been met. There is no documentation that the patient has undergone either a spinal cord stimulator trial or obtained psychological clearance relative to the cervical spine. There is no indication that the patient has failed cervical spinal surgery or has complex regional pain syndrome. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Additionally, guidelines do not support spinal cord stimulator for any cervical spine condition. Therefore, this request is not medically necessary.