

<b>Case Number:</b>	CM15-0047022		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Family Practice

### 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 51 year old female sustained an industrial injury to the cervical spine on 5/20/13. Previous treatment included magnetic resonance imaging, epidural steroid injections, cervical fusion, cervical facet injections, physical therapy and medications. In a PR-2 date 2/23/15, the injured worker complained of worsening neck pain 10/10 on the visual analog scale without medications and 7-8/10 with medications. The injured worker reported that cervical facet injections (2/17/15) were not helpful. Physical exam was remarkable for tenderness to palpation over the cervical spine paraspinals and facet joints with reduced range of motion, 5/5 bilateral upper extremity strength and intact sensation that was diminished on the right arm. Current diagnoses included myalgia, cervical spine sprain/strain, cervical spine pain and chronic pain syndrome. The treatment plan included a spinal cord stimulator trial and psychiatric clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator Trial:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-106.

**Decision rationale:** According to the MTUS guidelines, spinal cord stimulators (SCS) are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Spinal cord stimulators may be indicated for persistent pain in patients who have undergone at least one previous back operation). The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. In this case, the injured worker has undergone cervical fusion and remains with significant worsening neck pain. The injured worker is not a candidate for further surgical intervention and has failed interventional pain management procedures and medication management. A psychological evaluation has been certified. Pending psychological clearance, the request for spinal cord stimulator trial would be supported. The request for Spinal Cord Stimulator Trial is medically necessary.