

Case Number:	CM15-0055329		
Date Assigned:	03/30/2015	Date of Injury:	02/06/2014
Decision Date:	05/01/2015	UR Denial Date:	02/22/2015
Priority:	Standard	Application Received:	03/23/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 48 year old male, who sustained an industrial injury on February 6, 2014. He reported neck pain. The injured worker was diagnosed as having cervical disc herniation, cervical spondylosis, and status post cervical 3-7 anterior cervical discectomy and fusion May 2014. Treatment to date has included cervical MRI and x-rays, EMG/NCV (electromyography/ nerve conduction velocity) testing, urine drug screening, work modifications, preoperative and postoperative physical therapy, and medications including oral pain, topical pain, muscle relaxant, non-steroidal anti-inflammatory, anti-epilepsy, antidepressant, and antianxiety. On March 30, 2015, the injured worker complains of increased neck soreness and pain and increased numbness and tingling in his arms over the weekend. He underwent an epidural steroid injection this morning with another provider. The physical exam revealed no cervical spine tenderness, mild paravertebral spasms in the lower cervical region and upper trapezius bilaterally, decreased cervical range of motion, a healed wound, and normal muscle strength in the bilateral upper extremities and all major muscle groups, except for weakness of the right interossei muscles. There was decreased sensation of the right cervical 6, cervical 7, and C8 dermatomes. The Jamar test was right: 0/0/0/ and left 30/32/32. The treatment plan includes awaiting authorization of a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Spinal Cord Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38, 105.

Decision rationale: Guidelines state that spinal cord stimulators should be offered only after counseling and careful identification and should be used in conjunction with comprehensive multidisciplinary medical management. In this case, there is a lack of documentation showing that the patient has tried and failed all recommended conservative treatment options. There is no documentation regarding psychological evaluation deeming the patient appropriate for a spinal cord stimulator. The request for trial of spinal cord stimulator is not medically necessary.