

Case Number:	CM15-0083306		
Date Assigned:	05/05/2015	Date of Injury:	08/30/1999
Decision Date:	06/03/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male who sustained an industrial injury on August 30, 1999. He has reported neck and low back pain and has been diagnosed with lumbar post laminectomy syndrome, cervical discogenic disease, chronic pain syndrome, paresthesias in the left leg, lumbar fusion at L3-L4, history of fusion L4-5, history of C5-8 fusion 2007, status post bilateral carpal tunnel release, and status post left ulnar neuropathy. Treatment has included surgery, medications, and acupuncture. Currently the injured worker had tenderness over the cervical paraspinals with reduced cervical spine range of motion in all planes. Electrodiagnostic studies showed a left C6 radiculitis. The treatment request included 1 spinal cord stimulator trial and a 1 psyche clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Spinal Cord Stimulator Trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Spinal cord stimulators.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Spinal cord stimulators.

Decision rationale: The claimant sustained a work injury in August 1999 and continues to be treated for chronic neck and low back pain. Treatments have included a spinal cord stimulator for the treatment of low back and leg pain. When seen, he was questioning whether a spinal cord stimulator could be considered for his neck pain. He had complaints of neck and left shoulder pain with left hand numbness. Physical examination findings included cervical paraspinal muscle tenderness with decreased range of motion and decreased left upper extremity sensation. Authorization for a spinal cord stimulator trial and psychological clearance for the trial was requested. Criteria for consideration of a spinal cord stimulator include a history of failed back syndrome or complex regional pain syndrome (CRPS) / reflex sympathetic dystrophy (RSD). In this case, the spinal cord stimulator was being requested for the treatment of cervical pain. There is no diagnosis of CRPS. Therefore, the requested spinal cord stimulator trial was not medically necessary.

1 Psychological clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Clearance. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Psychological evaluations, IDDS & SCS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Spinal cord stimulators.

Decision rationale: The claimant sustained a work injury in August 1999 and continues to be treated for chronic neck and low back pain. Treatments have included a spinal cord stimulator for the treatment of low back and leg pain. When seen, he was questioning whether a spinal cord stimulator could be considered for his neck pain. He had complaints of neck and left shoulder pain with left hand numbness. Physical examination findings included cervical paraspinal muscle tenderness with decreased range of motion and decreased left upper extremity sensation. Authorization for a spinal cord stimulator trial and psychological clearance for the trial was requested. Criteria for consideration of a spinal cord stimulator include a history of failed back syndrome or complex regional pain syndrome (CRPS) / reflex sympathetic dystrophy (RSD). In this case, the spinal cord stimulator was being requested for the treatment of cervical pain. There is no diagnosis of CRPS. Therefore, psychological clearance for a spinal cord stimulator trial was not medically necessary.