

Case Number:	CM15-0084113		
Date Assigned:	05/06/2015	Date of Injury:	07/24/2010
Decision Date:	06/23/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53 year old, male who sustained a work related injury on 7/24/10. He slipped and fell backwards landing on the ground. The diagnoses have included cervical degenerative disc disease, mechanical neck pain, bilateral cervical radiculopathy, impingement of cervical spinal cord, cervical spondylosis, possible cervical facet joint arthropathy and myofascial pain syndrome. Treatments have included physical therapy, medications, cervical epidural injections and cervical spine surgery. In the PR-2 dated 2/23/15, the injured worker complains of pain and discomfort in his neck and low back. He states difficulty performing activities of daily living due to the pain. He has moderate tenderness to palpation of cervical spinous processes. He has a very contracted left shoulder and upper back muscles. He has spasm to bilateral trapezius, levator scapulae and rhomboid muscles. He has decreased range of motion in cervical spine. The treatment plan includes a request for a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cordstimulators) and Spinal cord stimulators (SCS) Page(s): 101 and 105-107.

Decision rationale: Spinal cord stimulator trial is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a psychological evaluation is recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. The MTUS states that spinal cord stimulators can be used for failed back syndrome but that the procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. The documentation does not indicate evidence of a psychological evaluation pre trial therefore this request is not medically necessary.