

Case Number:	CM13-0031100		
Date Assigned:	12/04/2013	Date of Injury:	03/13/2011
Decision Date:	06/16/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43 year old male with a date of injury on 3/13/11. Injuries were sustained to the cervical and lumbar regions of the spine as well as sustaining a fractured skull. Diagnoses include chronic pain, anxiety, the displacement of a lumbar intervertebral disc without myelopathy, cervical and thoracic neuritis, headaches, cervical disc disease, cervical facet syndrome, and cervical musculoligamentous strain. The patient had surgery for the fractured skull, as well as a C4-6 right medial facet block. Subjective complaints are of stabbing and shooting pain in the neck and low back. Physical exam shows decreased cervical lordosis, positive spasm, and paraspinal muscle tenderness. There is facet tenderness at C5-7 and decreased cervical range of motion. Medications include Oxycodone, Alprazolam and Zolpidem. A 4/25/11 MRI indicated severe discogenic disease at the C4-6 level, as well as facet pathology at those levels. The patient underwent a prior cervical neck block that gave 70% relief from the pain. However, the pain relief was short-lived. The patient has been certified for a right C4-6 medial branch facet joint rhizotomy. A request for the insertion of a spinal cord stimulator was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL CORD STIMULATOR: Upheld

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.

Decision rationale: The MTUS Chronic Pain Guidelines note that spinal cord stimulators (SCS) are recommended only for selective patients in cases when less invasive procedures have failed or are contraindicated. The insertion of a spinal cord stimulator is a highly invasive procedure that should not be attempted if less invasive procedures have been efficacious. SCS is recommended as a treatment option for chronic pain lasting at least 6 months despite medical management, and for patients who have had a successful trial of stimulation. The MTUS Chronic Pain Guidelines indicates that there is limited evidence in favor of SCS for failed back surgery syndrome and Complex Regional Pain syndrome, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. The patient has been certified for a C4-6 rhizotomy. The efficacy of this procedure should be ascertained prior to proceeding to a spinal cord stimulator. Therefore, the medical necessity of a spinal cord stimulator has not been established. The request is not medically necessary and appropriate.