

<b>Case Number:</b>	CM14-0133669		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	07/18/1998
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 47-year-old female with an injury date of 07/18/1998. Based on the 07/22/2014 progress report, the patient complains of neck pain which is associated with cervicogenic headaches and migraines with significant radicular symptoms to her upper extremities. The 10/19/2013 MRI of the cervical spine revealed multilevel disk disease and syrinx. Examination of the cervical spine reveals tenderness to palpation of the cervical musculature bilaterally with increased muscle rigidity noted along the posterior cervical musculature, upper trapezius, medial scapular regions, and suboccipital regions bilaterally. She has a decreased range of motion and pain with motion. She has decreased sensation with the use of Wartenberg pinwheel along the posterolateral arm and forearm bilaterally with decreased grip strength bilaterally. Examination of the left shoulder revealed tenderness to palpation along the left shoulder joint and a limited range of motion. Upon examination of the right elbow, the patient has tenderness to palpation along the lateral epicondyle region and pain with resisted wrist extension. The patient's diagnoses include the following: 1. Cervical syrinx, C4-C5 to T1 with associated left upper extremity radiculopathy and neuropathic pain. 2. Cervicogenic headaches/migraines. 3. Posttraumatic stress disorder. 4. Thoracolumbar myoligamentous injury. 5. Left shoulder myoligamentous injury. The utilization review determination being challenged is dated 08/12/2014. Treatment reports were provided from 01/20/2014 - 08/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator trial for cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 101, 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation Page(s): 105-107.

**Decision rationale:** Based on the 07/22/2014 progress report, the patient presents with pain in her neck and cervicogenic headaches/migraines with significant radicular symptoms to her upper extremities. The request is for a spinal cord stimulator trial for the cervical spine. The 07/22/2014 report states that the patient is a "poor surgical candidate, due to the presence of spinalsyringomyelia. The patient has failed at least 6 months of conservative treatment modalities (pharmacologic, surgical, psychological, or physical). The patient has done extensive conservative physiotherapy and had spinal injections and has been suffering from chronic pain for well over 6 months. The patient has tried numerous medications and is considered to have failed pharmacologic conservative treatment. The patient does have psychological clearance and no further psychological intervention has been recommended. There is no further surgery indicated. There is no contraindication to spinal cord stimulation, such as sepsis or coagulopathy. The patient has subjective complaints that correlate with objective findings and also correlate with diagnostic studies. The patient is not a candidate for any furthermore invasive surgery. She has done directive physiotherapy, a home exercise regimen, and has taken several medications, and still continues to suffer from a significant disabling chronic pain." Under spinal cord stimulation, MTUS Guidelines pages 105 to 107 state, "Recommended only for selected patients in cases when less invasive procedures have failed or contraindicated for specific conditions and following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, complex regional pain syndrome CRPS, post-amputation pain, postherpetic neuralgia, spinal cord injury dysesthesia, and pain associated with multiple sclerosis and peripheral vascular disease. MTUS page 101 also requires psychological evaluation prior to spinal cord stimulator trial. In this case, although the medical provider claims that the patient has a psychological clearance for this procedure, there are no actual reports provided which tells us about the patient's history with her posttraumatic stress disorder. More, importantly, the patient does not present with any of the diagnosis required for spinal cord stimulation trial. Spinal cord stimulator trial for cervical spine is not medically necessary and appropriate.