

Case Number:	CM14-0134032		
Date Assigned:	08/27/2014	Date of Injury:	03/23/2004
Decision Date:	09/22/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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 Orthopaedic Surgery 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:

This 58-year-old female teacher sustained an industrial injury on 3/23/04. The mechanism of injury was not documented. Past surgical history was positive for anterior cervical discectomy and fusion at C4-C7 on 1/23/10 and L3-S1 fusion on 2/18/11. The patient was diagnosed with major depressive disorder and generalized anxiety disorder. The 6/18/14 cervical MRI documented grade 1 anterolisthesis C2 and C3 and a C3/4 disc protrusion with mild central canal narrowing. There were biforaminal disc osteophyte complexes at C6/7 abutting the exiting nerve roots bilaterally. The 6/23/14 treating physician report cited neck pain that occasionally radiated into her arms and low back pain radiating into her legs. Back pain was reported worse than neck pain. The patient indicated that pain was tolerable at grade 5/10 with medications. Pain was 8-9/10 without medications. There were no medication side effects. Physical exam documented paracervical spasms and tenderness, painful cervical range of motion, and decreased right C6, C7, and C8 dermatomal sensation. There were lumbar paravertebral muscle spasms, lower lumbar tenderness, positive straight leg raise, and decreased right L4, L5, and S1 dermatomal sensation. The diagnosis was status post L3 to S1 fusion, lumbar radiculopathy, status post anterior cervical fusion C4 to C7, and cervical radiculopathy. The treatment plan requested authorization for psychological clearance for a spinal cord stimulator trial. Medications were prescribed including OxyContin and Lyrica. The 7/8/14 progress report indicated that psychological clearance for the spinal cord stimulator trial was still pending. The 8/12/14 utilization review denied the request for spinal cord stimulator trial based on absence of documented surgical history, diagnostic reports, failure of conservative care, possible future surgery, and psychological clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial spinal cord stimulator: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend the use of spinal cord stimulators only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions including failed back syndrome. Permanent implantation is recommended following a successful trial. A psychological evaluation is recommended prior to placement of the spinal cord stimulator. Guideline criteria have not been met. There is no detailed documentation that the patient has failed comprehensive conservative pain modalities less invasive than spinal cord stimulation. Psychological clearance is not evident therefore, this request is not medically necessary.