

<b>Case Number:</b>	CM14-0138908		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/31/2007
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 injured worker is a 42 year old female that had a work related injury on 03/31/07. The mechanism of injury is not described. She is status post cervical fusion at C5-6 performed on 02/22/08, and revision ACDF on 11/07/11. EMG/NCS dated 12/20/12 revealed electrodiagnostic evidence of bilateral median neuropathy located at the wrists consistent with bilateral mild severity of carpal tunnel syndrome and electrodiagnostic evidence of chronic right C7 radiculopathy and left C6-7 radiculopathy. No electrodiagnostic evidence of mononeuropathy involving the ulnar or radial nerves. The most recent documentation submitted for review is dated 08/04/14, the injured worker complains of neck pain which radiates into both arms, right greater than left. An 8-10/10 severity, constant burning, throbbing, and aching and increased with activity, alleviated with medication, moist heat, and H-wave. She also complains of right shoulder pain, non-radiating, constant, increased with motion. On physical examination, pleasant, cooperative, no acute distress and normal skin tone. No clubbing, no cyanosis, and gait is steady. Right shoulder tenderness, reduced range of motion. She is alert and oriented x 3 and follows commands. The injured worker has normal muscle tone and cranial nerves 2-12 grossly intact. Diagnoses are cervical radiculopathy, cervical spinal stenosis, cervical degenerative disc disease, cervical facet joint arthropathy, neck pain, status post-surgery, chronic pain syndrome, opioid dependence and insomnia. Nausea and vomiting due to medication, which she takes for her work related pain. The injured worker underwent neuropsychological treatment, she completed 12 authorized cognitive behavioral treatment sessions. The injured worker reported sobriety during the course of treatment. It is stated that the injured worker would be appropriate for a spinal cord stimulator trial. However, the injured worker did not have an increase in bilateral upper extremity sensory loss after a fall in December of 2013. Prior utilization review

dated 08/21/14 was non-certified. Current request is for consultation with orthopedics for bilateral shoulders and spinal cord stimulator trial with fluoroscopy and sedation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Consultation with Orthopedics for bilateral shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM 2004, Independent Medical Examination and Consultations Chapter 7, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Office visits

**Decision rationale:** The request for orthopedic consultation is not medically necessary. The clinical documentation does not support the request. The physical examination is very limited, does not show any findings consistent with rotator cuff, impingement syndrome that would need an orthopedic consultation. As such, medical necessity has not been established.

#### **Spinal cord stimulator trial with fluoroscopy and sedation.: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Spinal Cord Stimulators

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Spinal cord stimulators (SCS), Page(s): 106-107.

**Decision rationale:** The request for Spinal cord stimulator trial with fluoroscopy and sedation is medically necessary. The clinical documentation submitted does support the request. There is clinical evidence that indicates that the patient has radicular symptoms by EMG/NCV studies. In the psychological evaluation, it is stated that the injured worker would be appropriate for a spinal cord stimulator trial. Therefore medical necessity has been established.