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| Case Number: | CM14-0021137 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 01/23/2008 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/27/2014 |
| Priority: | Standard | Application Received: | 02/20/2014 |

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 Physical Medicine and Rehabilitation, 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 60-year-old female who reported an injury on 01/23/2008. The mechanism of injury was reported to be from repetitive motion. Per the clinical note dated 03/27/2013, on physical examination of the cervical spine, Hoffman's sign was absent, cervical compression test and vascular compression test were negative. Range of motion throughout the bilateral shoulders was within normal limits. Strength testing of the wrists and hands was within normal limits. Strength testing of the lower extremities was also within normal limits. The injured worker underwent posterior cervical fusion at C4 and C5 on 01/31/2012 with placement of bilateral mass screws at C4 and C5, left C4 and C5 decompression for stenosis, and bilateral C6 and C7 decompression for stenosis. Per the electrodiagnostic study dated 10/04/2013, the injured worker was found to have normal nerve conduction study. Per the operative note dated 11/19/2012 the injured worker underwent facet injections to the right C1-2, C2-3, and C3-4. Per the clinical note dated 12/11/2013, the injured worker reported pain in the neck and shoulders radiating into the upper extremities and to the fingers. On physical examination, the cervical spine was reported to be stiff, with muscle spasms to the shoulders. The paraspinal muscles of the cervical spine were tender bilaterally, with pain noted on extension and flexion. Per the MRI report dated 12/17/2013, the injured worker was found to have postoperative changes on the interior cervical fusion of C4-7. Facet arthrosis and uncovertebral hypertrophy are causing moderate neural foraminal stenosis bilaterally at C3-4 and C6-7, and straightening of the normal lordotic curvature. The injured worker was diagnosed with multilevel cervical disc disease, with central neural foraminal narrowing. The Request for Authorization for a pre-operative psychological evaluation and a spinal cord stimulator trial was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRE-OPERATIVE PSYCHOLOGICAL EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Spinal cord stimulators.

Decision rationale: As the request for a spinal cord stimulator trial with 2 leads under fluoroscopy was not medically necessary, a preoperative psychological evaluation would not be indicated. Therefore, the request for the pre-operative psychological evaluation is not medically necessary.

1 SPINAL CORD STIMULATOR TRIAL WITH 2 LEADS UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 1749-180, 307.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Spinal cord stimulators, page(s) 105-107. Page(s): 10.

Decision rationale: Per CA MTUS Guidelines, spinal cord stimulators are recommended only for select injured workers in cases when less invasive procedures have failed or are contraindicated. Indications for stimulator implantation include failed back syndrome, Complex Regional Pain Syndrome, Spinal cord injury dysesthesias, pain associated with multiple sclerosis, and peripheral vascular disease. Regarding failed back syndrome, stimulation is more helpful for lower extremity than low back pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar due to potential complications and limited literature evidence. Spinal cord stimulation is a reasonably effective therapy for many injured workers suffering from neuropathic pain for which there is no alternative therapy. There is a lack of documentation regarding clinical findings that would suggest the need for placement of a spinal cord stimulator. There was a lack of documentation regarding physical examination findings indicative of neuropathy and electrodiagnostic studies were normal. There was a lack of clinical findings regarding any lower extremity radioculur pain. There was documentation stating the injured worker was a candidate for further surgery. Per the documentation the injured worker was still a candidate for other conservative treatments. There was a lack of documentation indicating the injured worker had a diagnosis for which a spinal cord stimulator would be indicated including failed back syndrome, complex regional pain syndrome, post herpetic neuralgia, or spinal cord injury dysesthesias. In addition, there was a lack of documentation in the request as to the proposed placement of the stimulator. Therefore, the request for 1 spinal cord stimulator trial with 2 leads under fluoroscopy is not medically necessary.

