

Case Number:	CM14-0096552		
Date Assigned:	07/28/2014	Date of Injury:	09/29/2000
Decision Date:	10/07/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/24/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 has chronic neck pain. The patient had previous laminectomy surgery. The patient sustained an injury in 1996. He's had 2 cervical disc replacement surgeries. He continues to have chronic neck pain. Physical examination shows decreased range of motion of the cervical spine. There is tenderness palpation of the neck muscles. There is normal neurologic function in the upper and lower extremities. The patient has been diagnosed with post laminectomy syndrome the cervical spine. At issue is whether spinal cord stimulator and MRI are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Institute, LLC: Corpus Christie, TX; <http://www.odg-twc.com>: Section: Neck & Upper Back (Acute & Chronic) (updated 4/14/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS neck pain chapter, ODG neck pain chapter

Decision rationale: This patient does not meet criteria for cervical MRI. Specifically the patient has normal neurologic examination. The physical examination does not document any neurologic abnormalities. There is no documentation of any red flag indicators for MRI such as concern for tumor fracture or instability. There is documentation of a recent trial and failure conservative measures to include physical therapy. Criteria for cervical MRI not met at this time.

Spinal Cord Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Institute, LLC: Corpus Christie, TX; <http://www.odg-twc.com>: Section: Neck & Upper Back (Acute & Chronic) (updated 4/14/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS neck pain chapter, ODG neck pain chapter

Decision rationale: This patient does not meet criteria for spinal cord stimulator. Although the patient has a diagnosis of postlaminectomy pain condition, there is no documentation of adequate conservative measures. There is no documentation of use of a TENS unit, epidural steroid injection and pain management program. There is no documentation of a therapeutic drug screening or psychological evaluation. Criteria for spinal cord stimulator not met.