

Case Number:	CM14-0212431		
Date Assigned:	01/02/2015	Date of Injury:	10/02/2007
Decision Date:	02/28/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 45-year-old female who reported an injury on 10/02/2007. The mechanism of injury was not provided. The documentation of 01/23/2015 was a letter for the injured worker. The injured worker was noted to be utilizing Amrix. The prior surgical history included a thoracic decompression and fusion. The injured worker was noted to continue to have pain and it was noted the injured worker had previously been authorized for a thoracic spinal cord stimulator and implantation. However, this was now denied. The documentation of 12/2014 revealed the injured worker was utilizing Amrix and promethazine. The injured worker had complaints of significant pain. The injured worker did not have significant side effects. The injured worker was utilizing Botox injections for headaches. The physical examination noted decreased range of motion in the thoracic and cervical spine. There was tenderness to pressure bilaterally paraspinally at C5-6 and C6-7. The Spurling's test was positive bilaterally. The diagnoses included mid back pain with thoracic radiculopathy status post recent surgery and myofascial pain along with neck pain and cervical radiculopathy. The treatment plan included that the injured worker had a history of failed back surgery syndrome and would need a stimulator trial for which it was documented the injured worker was already authorized. There was a rerequest for the spinal cord stimulator. Additionally, the request was made for topical cyclobenzaprine, lidocaine, bupivacaine, baclofen, gabapentin, and diclofenac cream. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical spinal cord stimulator trial and implant: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators); Spinal cord stimulator.

Decision rationale: The California MTUS Guidelines recommend psychological evaluations prior to the trial of a spinal cord stimulator. Additionally, they recommend a spinal cord stimulator for injured workers in whom less invasive procedures have failed or are contraindicated following a successful trial. The clinical documentation submitted for review failed to indicate the injured worker had a psychological evaluation. Additionally, the request as submitted was for both a trial and implant. The implant could not be provided without a trial. Given the above, the request for surgical spinal cord stimulator trial and implant is not medically necessary.