

Case Number:	CM14-0216685		
Date Assigned:	01/06/2015	Date of Injury:	10/01/2008
Decision Date:	03/06/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/26/2014

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 52-year-old female who reported an injury on 10/01/2008. Her mechanism of injury was not included. Her diagnoses included cervical spondylosis without myelopathy, displacement of cervical intervertebral disc without myelopathy. Her past treatments have included TENS unit, psychiatric counseling, physical therapy. Diagnostic studies include an EMG/NCV on 11/18/2011; a cervical MRI on 05/23/2013, indicating cervical spine degeneration with no neural encroachment. Multilevel facet arthropathy. Disc bulge at C3-7. Her surgical history included rib resection in 05/2010. Deep scalenectomy in 07/2010. The progress report, dated 12/01/2014, documented the injured worker had complaint of numbness, weakness, and tingling in her left hand. She rated her pain level at a 7/10 to 8/10. She stated her medications relieved about 30 to 40% of her pain. Her physical exam findings included tenderness over cervical facet joints. Her medications included alprazolam 0.25 mg, baclofen 10 mg, and trazadone 150 mg. Her treatment plan included continue with current medications, followup in 2 weeks, and setup for medial branch nerve block x2. The rationale for the request was not included. The Request for Authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCS Implantable Neurostimulator Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for stimulator implantation.

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

Decision rationale: The request for SCS Implantable Neurostimulator Trial is not medically necessary. The injured worker had been diagnosed with cervical spondylosis without myelopathy. The California MTUS Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. The guidelines state that indications for stimulator implantation are failed back syndrome, complex regional pain syndrome/reflex sympathetic dystrophy, post amputation pain, postherpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, or peripheral vascular disease. The documentation submitted for review does not indicate this injured worker has been diagnosed with failed back syndrome or complex regional syndrome/reflex sympathetic dystrophy. The request for SCS Implantable Neurostimulator Trial is not indicated at this time. Therefore, the request for SCS Implantable Neurostimulator Trial is not medically necessary.