

<b>Case Number:</b>	CM15-0011652		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	04/16/2005
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Illinois, California, 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 (IW) is a 49 year old female, with a date of injury 4/16/05. She reported cumulative trauma industrial injuries from 2002 through 2005 resulting in chronic neck pain and headaches. Past surgical history was positive for anterior cervical discectomy and fusion at C6/7 on 11/4/03 and ProDisc replacement at C4/5 and C5/6 on 2/14/06. Records indicated that the patient developed severe depression after failed conservative therapies and surgical interventions, and required psychotherapy. A suicide attempt was noted in late June 2014. The 8/11/14 psychologist note indicated she was again cleared for spinal cord stimulator trial. The 12/19/14 treating physician report cited on-going neck pain radiating into the left upper extremity, worsened over the past year. Physical exam documented mild to moderate loss of cervical range of motion, muscle tenderness, numerous cervical trigger points, global 4+/5 upper extremity weakness, and decreased left C5/6 sensation. Grip strength was 50% of normal on the left. The treating physician reported debilitating neuropathic pain with positive radiculopathy per EMG. The treatment plan requested a trial of a spinal cord stimulator. The patient had failed at least 6 months of conservative treatment, including extensive physical therapy, home exercise, spinal injections, and numerous medications. Current psychological clearance was documented with no further psychological intervention recommended. There was no further surgery indicated. The patient was also referred to physical therapy 2x6 to improve her overall strength, range of motion, alleviate pain, and improve functional levels. On January 8, 2015, Utilization Review non-certified a request for physical therapy and a trial spinal cord stimulator, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. Spinal cord stimulator trial was denied as

there was no evidence of a post-suicide psychological clearance. On January 13, 2015, the injured worker submitted an application for IMR for review of requested physical therapy and a trial spinal cord stimulator.

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

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

**Physical therapy for the cervical spine 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** The California MTUS Chronic Pain Guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. In general, the MTUS guidelines would support 9 to 10 visits for myalgia/myositis, and 8-10 visits for neuralgia, neuritis, and radiculitis. Guideline criteria have not been met. The patient has had extensive physical therapy with evidence of a home exercise program. The treating physician reported that the patient has failed conservative treatment and requires a spinal cord stimulator. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program at this time, and in excess of guideline recommendations. Therefore, this request for physical therapy for the cervical spine, 2 times per week for 6 weeks is not medically necessary.

**Spinal cord stimulator trial, cervical:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS).

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

**Decision rationale:** The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have been met. This patient is status post failed cervical surgeries with persistent debilitating pain. She has failed extensive conservative treatment, including physical therapy, spinal injections, and numerous medications. Psychological clearance is documented. Therefore, this request for a spinal cord stimulator trial, cervical, is medically necessary.

