MAXIMUS Federal Services

Case Number:	CM15-0110309		
Date Assigned:	06/16/2015	Date of Injury:	11/21/2011
Decision Date:	07/16/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/08/2015

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: California
Certification(s)/Specialty: Internal 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 (IW) is a 59 year old female who sustained an industrial injury on 11/21/2011. She reported a repetitive motion work injury. The injured worker was diagnosed as having cervical sprain, cervical disc herniation, and chronic pain. Treatment to date has included medications. A MRI without contrast done 10/03/2014 shows two to 3 mm undulating disc bulge at C4-C5 with mild facet arthropathy and uncovertebral spurring. There is also a 2 mm undulating disc bulge at C7-T1, and post C5-C7 Anterior Cervical Discectomy and Fusion. Currently, the injured worker complains of severe neck pain and limited range of motion to the neck associated with severe muscle spasms as well as aggravated tingling and numbness in the arms. She has frequent headaches with blurry vision. The headaches are relieved with pain medication. Objectively the worker has progression of weakness and a weak grip. She has limited range of motion and a radiculopathy/radiculitis that follows the dermatome distribution of C3, C4, C5, C6, and C7. The plan of treatment is for an implantation of Percutaneous Neurostimulators x 4 with therapeutic treatments. Request for authorization is made for P-stim times 4 (implantation of percutaneous neurostimulators times 4) once per week for 4 weeks to cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

P-stim times 4 (implantation of percutanous neurostimulators times 4) once per week for 4 weeks to cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 18th Edition (Web), 2013, Treatment in Workers Compensation, Pain - Percutanous Neuromodulation Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain section Page(s): 41 and 107.

Decision rationale: The MTUS states that neurostimulation can be utilized to treat the CRPS or complex regional pain syndrome if other treatment modalities have failed and involves the tunneling of a catheter for prolonged sympathetic or somatic block. Also, neurostimulation has been used for the failed back syndrome and is 40 to 60 percent effective five years after surgery. It is utilized for neuropathic pain but is not effective for nociceptive pain. It is also noted that this should be used with caution in the cervical region. The MD is proposing the use of neurostimulation in the cervical region. The MTUS states that this modality should be used with caution in the cervical region. Therefore, the UR was justified in its denial of this procedure. The request is not medically necessary.