

<b>Case Number:</b>	CM15-0128546		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	10/03/2007
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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, Indiana, New York  
 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 is a 45-year-old female, who sustained an industrial injury on 10/03/2007. Diagnoses include status post anterior cervical discectomy and fusion C3-4, C4-5 and C5-6, kyphosis, malpositioned cervical plate and laminoplasty plate and central stenosis C5-6 and C6-7. Treatment to date has included surgical intervention (cervical laminoplasty, 2008, lumbar spinal fusion, 2010, and cervical discectomy C6-7, revision discectomy C5-6 and exploration of fusion, 5/19/2015) as well as conservative measures including medication management, home exercise, bracing, diagnostics and epidural injections. Current medications include Fentanyl patch, Norco, Gabapentin, Cyclobenzaprine, and Trazodone. Per the Primary Treating Physician's Progress Report dated 4/29/2015, the injured worker presented for preoperative consultation of cervical discectomy and fusion. Physical examination on 6/02/2015 revealed tenderness to palpation of the cervical paraspinals with reduced ranges of motion. The plan of care included anti-embolic stockings and wound dressings for post-op use. Authorization was requested for spinal cord stimulator placement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Spinal cord stimulator permanent implant:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Spinal cord stimulator.

**Decision rationale:** Pursuant to the Official Disability Guidelines, spinal cord stimulator permanent implant is not medically necessary. The indications for stimulator implantation are complex regional pain syndrome (CRPS) or failed back surgery syndrome when all of the following are present: there has been a limited response to non-interventional care; psychological clearance indicates realistic expectations and clearance for the procedure; no current evidence of substance abuse issues; no contraindication to a trial; permanent placement requires evidence of 50% pain relief with medication reduction or functional improvement after temporary trial. In this case, the injured worker's working diagnoses are lumbago, thoracic spine pain, thoracic/lumbosacral neuritis/radiculitis NOS; cervicgia; post laminectomy syndrome lumbar; post laminectomy syndrome cervical; endeavor to grow lumbar disc disorder with myelopathy lumbar region; intervertebral thoracic disc disorder with myelopathy; intervertebral cervical disc disorder with myelopathy cervical. The date of injury is October 3, 2007. Request for authorization was dated June 12, 2015. According to a progress note dated May 11, 2015, objectively the injured worker has neck pain, back pain, left hip and left knee pain. Pain radiates from the low back into the legs bilaterally left greater than right the injured worker is scheduled to undergo a cervical fusion revision on May 12, 2015. The injured worker had the cervical fusion performed on May 19, 2015. The cervical spine is tendered to palpation with decreased range of motion. Thoracic spine with tentative palpation over the paraspinal muscle groups bilaterally. Lumbar spine is can the palpation over the paraspinal muscle. There is bilateral cervical and bilateral lumbar spasm. Sensory examination showed decreased right T-1 and paresthesia from T6 down bilaterally. The treatment plan contains an entry: Auth spinal cord stimulator implant. There is no psychological evaluation in the medical record. There is no clinical rationale in the medical record with expectations for the spinal cord stimulator. There is no spinal cord stimulator trial in the documentation. Consequently, absent clinical documentation with a spinal cord stimulator trial and a psychological evaluation, spinal cord stimulator permanent implant is not medically necessary.

### **1 Thoracic epidural steroid injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

**Decision rationale:** Pursuant to Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, (1) thoracic epidural steroid injection is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are

enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. Etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbago, thoracic spine pain, thoracic/lumbosacral neuritis/radiculitis NOS; cervicgia; post laminectomy syndrome lumbar; post laminectomy syndrome cervical; endeavor to grow lumbar disc disorder with myelopathy lumbar region; intervertebral thoracic disc disorder with myelopathy; intervertebral cervical disc disorder with myelopathy cervical. The date of injury is October 3, 2007. Request for authorization was dated June 12, 2015. According to a progress note dated May 11, 2015, objectively the injured worker has neck pain, back pain, left hip and left knee pain. Pain radiates from the low back into the legs bilaterally left greater than right the injured worker is scheduled to undergo a cervical fusion revision on May 12, 2015. The injured worker had the cervical fusion performed on May 19, 2015. The cervical spine is tendered to palpation with decreased range of motion. Thoracic spine with tentative palpation over the paraspinal muscle groups bilaterally. Lumbar spine is can the palpation over the paraspinal muscle. There is bilateral cervical and bilateral lumbar spasm. Sensory examination showed decreased right T-1 and paresthesia from T6 down bilaterally. The treatment plan contains an entry for a thoracic epidural steroid injection. There are no levels documented in the medical record. There is no documentation of failed conservative treatment (physical therapy). There is no imaging to corroborate the presence of radiculopathy. Additionally, there is vague objective documentation of a right T-1 sensory defect. Consequently, absent clinical documentation with objective evidence of radiculopathy, the levels to be injected, imaging to corroborate radiculopathy and failed physical therapy (conservative treatment), (1) thoracic epidural steroid injection are not medically necessary.