

Case Number:	CM15-0179434		
Date Assigned:	09/29/2015	Date of Injury:	12/15/2005
Decision Date:	11/19/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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: Preventive Medicine, Occupational 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 47-year-old male, with a reported date of injury of 12-15-2005. The diagnoses include cervical degenerative disc disease; cervical displaced intervertebral disc without myelopathy; and cervical spondylosis without myelopathy. Treatments and evaluation to date have included cervical epidural steroid injections, Lyrica (failed), Tramadol, Hydrocodone, chiropractic treatment, cervical spine fusion, and Hysingla ER (current). The diagnostic studies to date have not been included in the medical records provided. The Brief Battery for Health Improvement report dated 08-06-2015 indicates that the injured worker presented for an examination in advance of a potential spinal cord stimulator trial. It was noted that the injured worker showed high levels of defensiveness, average levels of somatic complaints, moderately high levels of pain complaints, low elements of functional complaints, and extremely low elements of depression and anxiety. The treating physician stated that "based on his clinical course, imaging, and desire to go forward with stimulation, in combination with the successful and appropriate psychological evaluation, he is an excellent candidate for neuromodulation will be scheduled for a spinal cord stimulator trial." It was noted that a trial would be scheduled as soon as possible. The medical report dated 08-04-2015 indicates that the injured worker had ongoing pain and right upper extremity pain. The physical examination showed tenderness to palpation in the posterior cervical spine bilaterally; diminished range of motion with rotation bilaterally at 15 degrees; and diminished 2-point distinction bilateral upper extremities. The treatment plan included scalpel film and a spinal cord stimulator trial. The treating physician requested Fluoroscopic Scout Film, trial of spinal cord stimulator for the cervical spine. On 08-28-2015, Utilization Review (UR) non-certified the request for Fluoroscopic Scout Film, trial of spinal cord stimulator for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopic scout film, trial of spinal cord stimulator implant for the c/s: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 6 Revised/Chronic Pain Page 222.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back/Spinal Cord Stimulation.

Decision rationale: Guidelines support a trial of Spinal Cord Stimulation (SCS) under specific circumstances, which applies to this individual. The Guidelines recommend a trial if the diagnosis is Failed Spinal Surgery Syndrome (FSSS), which this individual has, and he has passed the requisite Psychological screening. He continues to have high levels of neuropathic pain. Under these circumstances, the trial of the SCS is Guideline supported and scout films are an integral aspect of the lead placement. The Fluoroscopic scout film, trial of spinal cord stimulator implant for the c/s is supported by Guidelines and is medically necessary.