

Case Number:	CM15-0074506		
Date Assigned:	04/24/2015	Date of Injury:	08/29/2011
Decision Date:	05/21/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 male, who sustained an industrial injury on August 29, 2011. He reported right knee and shoulder pain with associated pain, tingling and numbness of the bilateral upper extremities and hands on the right side greater than the left. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, right shoulder MLI, sleep deprivation, stress, anxiety and depression. Treatment to date has included diagnostic studies, radiographic imaging, surgical interventions of the right knee and right shoulder, physical therapy, medications and work restrictions. Currently, the injured worker complains of right knee pain, shoulder pain with associated pain, tingling and numbness of the bilateral upper extremities and hands on the right side greater than the left and insomnia, stress, anxiety, depression and loss of income secondary to pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 7, 2015, revealed continued pain with associated symptoms as noted. A cervical spinal cord stimulator was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial, Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 117. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck chapter - Spinal Cord Stimulation (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulation Page(s): 107.

Decision rationale: This 68 year old male has complained of right knee pain, right shoulder pain and bilateral arm tingling since date of injury 8/29/11. He has been treated with right knee and shoulder surgery, physical therapy and medications. The current request is for spinal cord stimulator trial, cervical. Per the MTUS guidelines cited above, a trial of spinal cord stimulation may be considered in patients with (1) failed back syndrome (persistent pain in patients who have undergone at least one previous back operation) and works best for neuropathic pain. (2) Complex Regional Pain Syndrome (3) Post amputation pain (phantom limb pain), (4) Post herpetic neuralgia, (5) Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury) (5) Pain associated with multiple sclerosis and (6) Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation). The available medical records do not support any of the above listed diagnoses. On the basis of the available medical records and per the MTUS guidelines cited above, a spinal cord stimulator trial, cervical, is not indicated as medically necessary.