

<b>Case Number:</b>	CM15-0097130		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	08/01/2003
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 is a 52-year-old male who sustained an industrial injury on 8/1/03. The mechanism of injury was not documented. Past surgical history was positive for C3-C5 anterior cervical discectomy and fusion on 10/28/10. Conservative treatment included medications, physical therapy, activity modification, home exercise program, and injection. The 8/1/14 cervical spine CT scan impression documented stable degenerative changes of the cervical spine and moderate to severe right-sided neural foraminal stenosis of C4-6. The 4/14/15 treating physician report cited severe neck pain radiating into both upper arms and hands. The injured worker was taking chronic opiates but they did not help significantly. He reported withdrawals if he did not take them. He had failed attempts at placing an intrathecal pain pump. He had developed dental problems relative to chronic opiate use. Cervical spine exam documented limited range of motion due to pain, 4/5 right deltoid strength, trapezius muscle spasms, and bilateral hypersensitivity in the C6 distribution. The diagnosis included persistent neck and arm symptoms following a C3-C5 anterior cervical discectomy and fusion, and cervical post-laminectomy syndrome. Authorization was requested for pain management follow-up, spinal cord stimulator trial or an intrathecal pump system implant, and C4-5 posterior foraminotomy. The 5/5/15 utilization review certified the request for right C4/5 posterior foraminotomy and pain management follow-up. The request for spinal cord stimulator trial in the cervical spine or intrathecal pump system placement was non-certified the request for spinal cord stimulator trial as repeat surgery had been authorized and there was no evidence of a psychological clearance consistent with guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator trial in the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Indications for stimulator implantation; Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Page(s): 107, 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Spinal cord stimulation (SCS).

**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. The Official Disability Guidelines state spinal cord stimulation is not recommended for any condition specific to the cervical spine. Guideline criteria have not been met. There is no documentation that the patient has obtained psychological clearance. There is no evidence that the currently certified cervical surgery would not provide relief of symptoms. Additionally, guidelines do not support the use of spinal cord stimulation in the cervical spine. Therefore, this request is not medically necessary at this time.