

<b>Case Number:</b>	CM14-0151713		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	03/03/2009
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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. The expert reviewer is Board Certified in Orthopedic Spine Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 female who reported an injury on 03/03/2009 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included surgical intervention noted to be a right carpal tunnel release in 12/2009, a right elbow surgery in 2010, and a right lateral nerve transposition in 2011. The injured worker ultimately developed complex regional pain syndrome and underwent a spinal cord stimulator trial in 2011. The injured worker underwent a cervical spine MRI on 05/02/2014. It was noted that there was evidence of possible demyelinating process such as multiple sclerosis or transverse myelitis. The injured worker was evaluated on 06/26/2014. It was documented that the injured worker had 9/10 right upper extremity and lumbar pain. The physical findings included moderate tenderness to palpation and spasming over the paraspinal musculature extending into the right trapezius with moderate cervical facet tenderness to palpation. The injured worker had restricted range of motion of the cervical spine and right upper extremity. The injured worker had 3/5 motor strength in the elbow flexors and elbow extensors and 4/5 motor strength in the wrist flexors and wrist extensors. The injured worker's diagnoses included status post right carpal tunnel release, status post right ulnar transposition surgery, status post lateral epicondylar release, complex regional pain syndrome of the right elbow, anxiety and depression, and sleep disturbance. The injured worker's treatment plan included permanent spinal cord stimulator placement as the injured worker's symptoms were getting progressively worse. No Request for Authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical laminectomy and placement of a cervical spinal cord stimulator and generator:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Wheeler, AH. (Ed) Spinal Cord Stimulation. eMedicine. updated 2012. Jun 26.  
<http://emedicine.medscape.com/article/1980819-overall//showall>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105.

**Decision rationale:** The requested cervical laminectomy and placement of cervical spinal cord stimulator and generator is medically necessary and appropriate. The clinical documentation submitted for review does indicate that the injured worker underwent a successful trial of a spinal cord stimulator and has progressive weakness and symptoms consistent with complex regional pain syndrome that would benefit from permanent placement. California Medical Treatment Utilization Schedule recommends permanent implantation after the injured worker has had a successful trial with significant pain relief and increased function. The clinical documentation does support that the injured worker had significant functional increases and a decrease in symptoms secondary to the spinal cord stimulator trial. Although the clinical documentation does indicate that the injured worker may have comorbidities, placement of a spinal cord stimulator would not interfere with these comorbidities and may actually provide some relief. As such, the requested cervical laminectomy and placement of cervical spinal cord stimulator and generator is medically necessary and appropriate.