

Case Number:	CM13-0010296		
Date Assigned:	03/24/2014	Date of Injury:	07/27/1988
Decision Date:	05/20/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California and Virginia. 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 patient is a 62 year old female who was injured on 07/27/1988. The mechanism of injury is unknown. Prior treatment history has included Cyclobenzaprine, Suboxone, and physical therapy. The patient underwent knee arthroscopy in 1991; repair collateral ankle ligament, secondary in 1983; Laminectomy without facetectomy, lumbar L5-S1 in 1988; Laminectomy without facetectomy, lumbar in 1986, and 1992. 07/30/2013 Medications include: Atenolol, Cyanocobalamin, Docusate, Ferrous Sulfate, Hydrochlorothiazide, Levothroxine, Metformin, Simvastatin Duloxetine, Omeprazole, Diagnostic studies reviewed include X-rays of the sacroiliac joints, 3 views, performed on 05/02/2013 revealed no radiographic evidence of ankylosis, erosion, or periarticular sclerosis. X-ray of the lumbar spine, AP lateral and spot lateral dated 05/02/2013 revealed degenerative changes and postoperative change suspected. Clinic note dated 07/30/2013 indicated the patient's pain presents frequently (75% of the time). She rates her pain at 5/10. The average pain for the last week has been a VAS of 6. She has 40% improvement since coming to the pain clinic. Her current medication and treatment regimen has resulted in a 40% reduction in pain. As a result of taking opioids medications, the patient reports the ability to perform more activities including: drive. During the past month, she was able to walk 4 blocks before the pain became the limiting factor; sit for 20 minutes before pain became the limiting factor; and stand for 15 minutes before pain became the limiting factor. The patient notes activity level and ability to perform physical tasks has decreased since the last visit to the pain clinic. The patient states her pain has been constant in the left buttock radiating to the lateral left thigh. It was recommended that the patient receive interventional procedures, an evaluation by an endocrinologist. She is prescribed 4 mg/1mg sublingual films, #90 films. She is instructed to follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROMODULATION/TRIAL SPINAL CORD STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 105-106.

Decision rationale: According to the CA MTUS, spinal cord stimulators may be recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Indications for stimulator implantation include Failed Back Syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. According to the clinical note dated 07/30/2013 the patient's pain presented frequently (75% of the time), she rated her pain at 5/10, and reported she had 40% improvement. She reported that with her medication regimen she had a 40% reduction in pain and was able to perform more activities. The medical records demonstrate the patient was responding well to her medication program, and as such, it is not established that she has failed non-invasive or less-invasive measures. In addition, neurostimulation is considered ineffective for nociceptive pain, and the medical records do not establish neuropathic pain. Consequently, the patient is not a candidate for SCS trial. Therefore the request is not medically necessary.