

Case Number:	CM13-0029871		
Date Assigned:	12/11/2013	Date of Injury:	08/31/1998
Decision Date:	04/30/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/25/2013

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, and is licensed to practice in California. 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 51-year-old male who reported an injury on August 31, 1999. The mechanism of injury was not stated. The patient is currently diagnosed with chronic pain syndrome, chronic postoperative pain, cervicgia, cervical radiculitis, cervical post laminectomy syndrome, cervical stenosis, cervical degeneration of intervertebral disc, headaches, shoulder pain, disturbance in skin sensation with numbness and paresthesia, and insomnia. The most recent Physician's Progress Report submitted for this review is documented on December 3, 2013 by [REDACTED]. The patient reported persistent pain in the shoulder, mid and lower back, as well as cervical spine. The patient reported minimal improvement with the current medication regimen. It is noted that the patient underwent permanent implantation of 8 contact spinal cord stimulator electrodes in the cervical spine on January 23, 2013. The patient then underwent spinal cord stimulator revision on May 23, 2013. Physical examination on that date revealed tenderness to palpation over bilateral cervical and lumbar paraspinal muscles, limited cervical and lumbar range of motion, diminished strength in bilateral upper extremities, 1+ and symmetric bilateral upper extremity deep tendon reflexes, intact coordination, and 1+ deep tendon reflexes of bilateral lower extremities. Treatment recommendations at that time included continuation of current medication, physical therapy, a CT scan of the lumbar spine, a pain psychologist referral, and inpatient detoxification for decreasing pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAMITRODE VS DEEP BRAIN STIMULATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation St. Jude Medical Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. The enhanced design of electrodes, leads, and receivers/stimulators has substantially decreased the incidence of re-operations for device failure. The patient recently underwent spinal cord stimulator revision. The patient does report improvement in symptoms of the cervical spine following the revision of the spinal cord stimulator placement. The medical necessity for the replacement Lamitrode lead has not been established. The request for Lamitrode versus deep brain stimulation is not medically necessary or appropriate

DEEP BRAIN STIMULATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 26 February 2014.

Decision rationale: Deep brain stimulation is a surgical treatment in which a device delivers electrical signals to the areas of the brain that control movement. This surgery may be an option for patients with severe Parkinson's disease symptoms that cannot be controlled by medication. The patient does not maintain a diagnosis of severe Parkinson's disease. The medical necessity for the requested service has not been established. The request for deep brain stimulation is not medically necessary or appropriate.