MAXIMUS Federal Services

Case Number:	CM13-0030524		
Date Assigned:	11/27/2013	Date of Injury:	06/24/2008
Decision Date:	01/27/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has subspecialties in Acupuncture and Pain Medicine 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 physician 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 47 year old male injured worker with date of injury 6/24/08 who complains of low back and right leg pain. The patient is diagnosed with reflex sympathetic dystrophy of the right lower extremity and complex regional pain syndrome, status post right fibula fracture, lumbar disc bulges, and lumbar spine radiculopathy. A lumbar MRI on 9/20/08 revealed L2-4 3mm broad-based and posterolateral disc protrusion bilaterally, mild compression to the adjacent dural sac, and mild spondylosis and disc space narrowing with mild changes noted at both levels, L4-5 2mm posterior disc bulge, L5-S1 2-3mm posterior disc protrusion, and L4-S1 mild bilateral foramina narrowing. Electrodiagnostic studies on 10/9/08 suggested mild left peroneal motor demyelinating neuropathy and a delay in the right tibial H-reflex, which could be suggestive of S1 radiculopathy. The patient was refractory to medication therapy and chiropractic care. He underwent an epidural steroid injection on 12/18/12 that provided significant relief, right lumbar sympathetic block 4/2/13 that provided 100% relief for 3 days, and right lumbar sympathetic radiofrequency ablation 6/25/13 which initially increased his ability to perform activities such as exercise and yard work. Per the 9/5/13 report by [redacted], the patient's symptoms returned to baseline. The latest available documentation for this review was dated 10/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous implantation of neurostimulator electrode array, epidural (outpatient):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 38 and 105.

Decision rationale: With regard to complex regional pain syndrome (CRPS), the guidelines state that spinal cord stimulators (SCS) should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. SCS use has been associated with pain reduction in studies of patients with CRPS. (Kemler, 2000) (Kemler, 2004) (Kemler, 2008) CRPS patients implanted with SCS reported pain relief of at least 50% over a median follow-up period of 33 months. (Taylor, 2006) Moreover, there is evidence to demonstrate that SCS is a cost-effective treatment for CRPS over the long term. (Stanton-Hicks, 2006) (Mailis-Gagnon-Cochrane, 2004) (Kemler, 2000) Permanent pain relief in CRPS can be attained under long-term SCS therapy combined with physical therapy. The Chronic Pain Medical Treatment Guidelines state that recommended conditions include failed back surgery syndrome (FBSS) and complex regional pain syndrome (CRPS). (NICE, 2008). CRPS/Reflex sympathetic dystrophy (RSD) is a listed indication for stimulator implantation. In this case, there is documentation of failure of conservative therapy, and there was no benefit from the radiofrequency ablation of the lumbar sympathetic chain. However, per the guidelines, a psychological evaluation is recommended before a spinal cord stimulator trial. In his 9/5/13 report the treating physician formally requests authorization for the SCS trial as well as a one-time psychological evaluation. To date, there is no documentation of the psychological evaluation regarding candidacy for the SCS trial. As such, the requested services are not medically necessary at this time.