

Case Number:	CM13-0042723		
Date Assigned:	12/27/2013	Date of Injury:	02/02/2008
Decision Date:	05/15/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/31/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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:

A 44 year old male injured worker with date of injury 2/2/08 with related left knee and low back pain. MRI of the lumbar spine dated 11/16/11 revealed annular tear at L5-S1 with multilevel disc protrusions; L5-S1 a far right lateral tear was seen; there was right neural foraminal stenosis that effaces the right exiting L5 nerve root. EMG/NCV completed 8/31/12 revealed findings consistent with a left L4 radiculopathy. He has been treated with physical therapy, injections, chiropractic manipulation, and medication management. The date of UR decision was 10/9/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT SPINAL CORD STIMULATOR TRIAL:

Overtaken

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: With regard to spinal cord stimulators, the MTUS CPMTG states: "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: - 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. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. - Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.) - Post amputation pain (phantom limb pain), 68% success rate - Post herpetic neuralgia, 90% success rate - Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury) - Pain associated with multiple sclerosis - Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. (Flotte, 2004). Due to lack of results with past medical procedures, surgeries, and medications, the injured worker is a candidate for SCS trial to reduce his pain in his back, knee, and left leg. I respectfully disagree with the UR physician in his assertion that the injured worker should be denied until he undergo a psychiatric evaluation to determine if any psychotropic medications should be added to his current prescriptions. Per 9/17/13 psychological evaluation, the injured worker was already recommended for the spinal cord stimulator, and a recommendation for a short-term anxiolytic was made. Per 12/11/13 progress note, the injured worker was already taking Amitriptyline and Cymbalta. The request is medically necessary.