

Case Number:	CM13-0045895		
Date Assigned:	12/27/2013	Date of Injury:	11/29/2011
Decision Date:	04/24/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 34-year-old female presenting with low back pain following a work-related injury on June 2, 2010 through November 29, 2011. The claimant was diagnosed with failed lumbar back surgery syndrome, chronic lumbar backache, bilateral lower extremity radiculopathic pain, opiate dependence, and recurrent myofascial strain. MRI of the lumbar spine on October 21, 2013 revealed postoperative changes from L3-S1. The physical exam on October 23, 2013 revealed diminished sensation in the left C8 to T1 distribution and right L5-S1 distribution, indicative of chronic radiculopathic the involving upper and lower extremities. The claimant had epidural steroid injections which were not helpful. The claimant was made for spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL CORD STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

Decision rationale: Spinal cord stimulator is not medically necessary. Per California MTUS spinal cord stimulator 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. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. "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.)" There is lack of documentation that the claimant has adequately failed less invasive methods for example medications including anticonvulsant, antidepressants and alpha 2 agonists. Additionally, psychological clearance is required prior to a spinal cord stimulator trial and there is no documentation of such clearance; therefore the requested procedure is not medically necessary.