

Case Number:	CM14-0005238		
Date Assigned:	01/24/2014	Date of Injury:	12/21/1978
Decision Date:	06/23/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/14/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 63-year-old male with a work injury date of 12/21/78. His diagnoses includes failed back surgery syndrome lumbar status post L2-S1 fusion, bilateral lower extremity CRPS (complex regional pain syndrome) status post surgery, cervical DDD (degenerative disc disease) status post motor vehicle accident, bilateral shoulder DID. The patient has failed medications, massage and chiropractic treatments, TENS (transcutaneous electrical nerve stimulation) unit. There is a request for spinal cord stimulator trial. He has tried massage, chiropractic therapy, TENS, physical therapy, acupuncture and injections without significant relief. There is a 1/14/14 appeal from the patient in which he states that he avoids taking Norco and other narcotics because he is a pilot (recreational per documentation) and the constant use of either would prohibit him from flying. The use of a Spinal Cord Stimulator to manage pain is allowable by the FAA (Federal Aviation Administration) for pilots. He states that his pain is severe. He constantly lives with partial numbness in both legs and altered sensation and a sensation that feels like having sand in his shoes. The pain is severe enough that it wakes him numerous times at night and often it is difficult to get back to sleep. The use of pain medication helps to make the pain more tolerable. There is a 1/14/14 pain chart diagram which depicts pain in a radicular distribution in the patient's low back radiating down both legs on the diagram. The psychological evaluation on 11/18/13 indicated the patient had realistic expectations and clearance for the procedure. There is a 9/13/13 office visit that states that on physical exam sensation is altered and decreased in the left lower extremities. He feels like there is "sand in my shoes." With light touch he has allodynia.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL CORD STIMULATOR TRIAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, SPINAL CORD STIMULATORS, 107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain -Spinal cord stimulators (SCS).

Decision rationale: The Official Disability Guidelines states that stimulator implantation is indicated for patient with failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: (1) symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); (2) psychological clearance indicates realistic expectations and clearance for the procedure; (3) there is no current evidence of substance abuse issues; (4) there are no contraindications to a trial. The documentation submitted reveals that the patient has failed other non interventional care. He has been cleared by psychology for the stimulator. The patient's complaints of numbness/pain in his legs and in particular his pain diagram appears radicular in nature. He has failed lumbar surgery and there is no evidence of substance abuse on submitted documentation. The request for spinal cord stimulator trial is medically necessary.