

Case Number:	CM14-0006336		
Date Assigned:	02/07/2014	Date of Injury:	06/14/2005
Decision Date:	06/20/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/16/2014

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, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 56-year-old male who reported an injury after a fall on 6/14/05. The clinical note dated 6/7/13 noted that the injured worker complained of constant low back pain and constant moderate to severe left sciatic pain with pain and numbness radiating to the toes. The injured worker stated that the pain increased with activity and his activities of daily living were severely limited. It was noted that the injured worker participated in two physical therapy sessions with considerable relief in pain, but the pain returned since completion. It was noted that the injured worker had conservative care and injections. The injured worker had three lumbar epidural steroid injections with a decrease in pain for two weeks. The physical examination of the lumbar spine revealed 2-3+ tenderness over the left greater than right lower lumbar spine, and decreased range of motion with flexion to 30 degrees, extension 10 degrees, and right and left lateral bending 10 degrees. A straight leg raise was noted to be positive bilaterally. There was weakness to the left extensor hallucis longus and quadriceps muscles. A lumbar spine MRI dated 12/13/11 revealed interval removal of fusion hardware at L4-5; the fusion appeared to be solid with no apparent complications, residual or current herniation, or stenosis of significance. It was also annotated that there was a 2mm broad-based protrusion at L3-4 to be stable and not associated with nerve impingement and minimal facet hypertrophic change to L5-S1, and no herniation, central or foraminal stenosis at that level. The diagnoses included post-laminectomy syndrome, lumbar disc disease, and lumbar radiculitis. The injured worker's prescribed medications were documented as Trazodone 100mg, Gabapentin 300mg, Norco 10/325mg, Anaprox 550mg, and Prilosec 20mg. The treatment plan included a request for authorization for a spinal cord stimulator, a request for physical therapy twice a week for six weeks, a request for epidural injections ordered due to spinal cord stimulator not being authorized, medications to be

prescribed, and six trigger point injections along the paraspinal muscles provided at levels of L4, L5-S1.

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: 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 (SCS), 107

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATORS (SCS) Page(s): 106-107.

Decision rationale: The California MTUS guidelines state that spinal cord stimulators are 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 include failed back syndrome, more so for lower extremities than for low back pain, although both stand to benefit; there is a 40-60% success rate five 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. The guidelines recommend spinal cord stimulators for patients with complex regional pain syndrome (CRPS)/reflex sympathetic dystrophy (RSD), post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesias, and pain associated with multiple sclerosis. In the clinical note provided for review, it is unclear if the injured worker failed conservative therapy or had failed back surgery. The clinical notes lack documentation of failure of conservative therapy and the pain level of the injured worker. It was annotated in the clinical notes provided for review that the injured worker had relief after physical therapy. However, it is unclear if the injured worker tried a home exercise program. The guidelines state that spinal cord stimulators are recommended only for selected injured workers in cases when less invasive procedures have failed or are contraindicated for specific conditions. It was unclear if an adequate psychiatric consultation has been performed. As such, the request is not medically necessary.