MAXIMUS Federal Services

Case Number:	CM14-0009134		
Date Assigned:	02/12/2014	Date of Injury:	01/31/2012
Decision Date:	06/27/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 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 48-year-old male who has submitted a claim for lumbar herniated nucleus pulposus with radiculopathy, status post decompressive laminectomy, micro discectomy, facetectomy and foraminotomy, and status post trial and removal of spinal cord stimulator associated with an industrial injury date of January 31, 2012. The medical records from 2012-2014 were reviewed, the latest of which dated January 14, 2014 revealed that the patient continues to complain of low back and lower extremity pain. On the physical examination done last December 5, 2013, the patient walks without limp, list or pelvic obliquity. Range of motion is approximately 75% in forward flexion. There is some weakness on the left extensor hallucis longus and anterior tibialis, both of which are +3/5. There is decreased sensation in the left lower extremity. Reflexes at the bilateral knees are trace. Ankle reflexes are absent bilaterally. Straight leg raising test is positive at 90 degrees bilaterally. There is tenderness in the midline from L3 to the sacrum, over the paraspinal musculature bilaterally from L3 to the sacrum and over both buttocks. A MRI of the lumbar spine last August 10, 2013 revealed that at the L3-4 disc space, superimposed on a 4mm left lateral and far lateral bulge in the annulus which had accentuated in comparison to previous study. There was a left lateral extruded disc herniation, which has extended inferior to this level for a length of 3-4mm through a tear in the infra annular fibers. There was seen contiguous to the exiting ventral left intrathecal course of the L4 nerve roots. At the L4-5 disc space, wide decompressive laminectomy was once again identified. At L5-S1 disc space, which was desiccated and narrowed, lateral spondylosis with Modic II signal alteration persisted. The EMG/NCV done last December 17, 2012 revealed moderate left L5 sensory nerve root dysfunction with sub acute 3+/4 denervation in all left L5 innervated musculature. The treatment to date has included central decompressive laminectomy at L4, micro discectomy at L4-5 on the left, medial facetectomy and foraminotomy at L4-5 bilaterally, Baxano foraminal

decompression at L4-5 on the left (9/10/12), implantation of dual lead spinal cord stimulator under fluoroscopy (10/23/13), removal of dual lead spinal cord stimulator (11/1/13), epidural steroid injections (4/10/12, 5/24/13, 7/12/13), physical therapy, aqua therapy, and medications which include Norco, gabapentin, Protonix, Meloxicam and transdermal analgesics (Flurbiprofen 20%, gabapentin 10%, cyclobenzaprine 10%, Tramadol 20%). A utilization review from December 18, 2013 denied the request for Implantation of Dual Spinal Cord Stimulators because documentation does not identify that the patient has the diagnosis of failed back surgery syndrome (prior fusion) or complex regional pain syndrome and patient reported only 40% relief with the spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

IMPLANTATION OF DUAL SPINAL CORD STIMULATORS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 101,107.

Decision rationale: As stated on pages 101, 107 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for permanent spinal cord stimulator placement include at least one previous back operation and patient is not a candidate for repeat surgery, symptoms are primarily lower extremity radicular pain, there has been limited response to non-interventional care, psychological clearance indicates realistic expectations and clearance for the procedure, there is no current evidence of substance abuse issues, and evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. In this case, a previous spinal cord stimulator place on October 23, 2013 with a reported 40% reduction in pain. In the progress report dated January 6, 2014, the attending physician clarified that the patient claims that he had 60% reduction in pain after the SCS trial. However, in the most recent psychiatric consult dated January 22, 2014, the patient was reported to be suffering from poor concentration, depression with diminished appetite, insomnia and irritability with anger. He also noted thoughts of wanting to be dead, but denied frank suicidal ideation or intent. There are symptoms that warrant further psychotherapy and psychological clearance prior to the procedure. Therefore, the request for Implantation of Dual Spinal Cord Stimulators is not medically necessary.