

Case Number:	CM14-0009627		
Date Assigned:	02/14/2014	Date of Injury:	01/02/1995
Decision Date:	07/21/2014	UR Denial Date:	01/15/2014
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 Tennessee. 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 75-year-old male who has submitted a claim for Lumbar Degenerative Disc Disease, Lumbar Facet Pain, Lumbar Radicular Pain, and Peripheral Neuropathy associated with an industrial injury date of January 2, 1995. Medical records from 2012 through 2013 were reviewed, which showed that the patient's pain was reduced from 4-5/10 to 1/10 with most activities after stimulator trial. He was also able to take 1-2 less hydrocodone per day. On physical examination, there was slight erythema under the adhesive cover leads. No drainage, erythema or swelling at the lead insert site was noted. Mental status examination was unremarkable. Treatment to date has included medications, home exercise program, lumbar medial branch blocks, radiofrequency medial branch neurotomy, and percutaneous dorsal column stimulation trial (December 11, 2013). Utilization review from January 15, 2014 denied the request for 1 permanent implant of spinal stimulator and leads, with one office visit, as related to lumbar as outpatient because incomplete clinical information was presented.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PERMANENT IMPLANT OF SPINAL STIMULATOR AND LEADS, WITH ONE OFFICE VISIT, AS RELATED TO LUMBAR AS OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Spinal Cord Stimulators (SCS) Page(s): 105-107.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that spinal cord stimulators (SCS) are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications for stimulator implantation include failed back syndrome, complex regional pain syndrome/reflex sympathetic dystrophy, post-amputation pain, post-herpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, and peripheral vascular disease. In this case, the medical records reported at least a 75% reduction in pain and medication use during a trial of percutaneous dorsal column stimulation done on December 11, 2013. However, there was no discussion regarding failure of less invasive procedures or contraindications to such. Furthermore, the records failed to provide evidence of the presence of any indications for stimulator implantation as mentioned above. Although pain relief was achieved with a spinal cord stimulator trial, there is currently no clear indication for permanent stimulator implantation. Therefore, the request for one permanent implant of spinal stimulator and leads, with one office visit, as related to lumbar as outpatient is not medically necessary and appropriate.