

Case Number:	CM14-0108282		
Date Assigned:	08/01/2014	Date of Injury:	03/14/2012
Decision Date:	12/22/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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 52 years old male injured worker with date of injury 3/14/12 with related low back and neck pain. Per progress report dated 11/6/14 the injured worker complained of ongoing low back pain which radiated down to his lower extremities. He had a diagnosis of post laminectomy syndroe, having undergone a PLIF L5-S1 on 10/27/13. He also had neck pain with radicular symptoms to his upper right extremity. Per physical exam, there was tenderness to palpation about the cervical musculature bilaterally, with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles. He had decreased range of motion with obvious muscle guarding. There was tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region. There were trigger points and taught bands with tenderness to palpation noted throughout. He failed spinal cord stimulation trial 9/4/14. The date of UR decision was 6/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord stimulator trail to Lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-106.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-106.

Decision rationale: With regard to spinal cord stimulators, the MTUS CPMTG states: "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. 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.)- Post amputation pain (phantom limb pain), 68% success rate- Post herpetic neuralgia, 90% success rate - Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury)- Pain associated with multiple sclerosis - Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. (Flotte, 2004)The documentation indicates that the injured worker had failed back syndrome and has failed conservative treatment. I respectfully disagree with the UR physician's denial based upon the lack of psychological evaluation. It was noted that psychological clearance was received on 5/28/14. No further psychological intervention was recommended and clearance was given to undergo the spinal cord stimulation procedure. There was no contraindication to SCS such as sepsis or coagulopathy. I respectfully disagree with the UR physician's denial based upon lack of psychological clearance. Although the injured worker failed the trial, it was consistent with medical necessity at the time of request.