

Case Number:	CM14-0110374		
Date Assigned:	09/19/2014	Date of Injury:	08/25/2006
Decision Date:	10/22/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 injured worker is a 55-year-old female who reported an injury on 08/25/2006; reportedly sustained injuries to her pelvic area when she was struck in the pelvic area by a student. The injured worker's treatment history included medications, appendectomy surgery, psychological evaluation, compounded topical creams, physical therapy, and Botox injections, and prior trial of spinal cord stimulator. The injured worker was evaluated on 09/10/2014, and it was documented the injured worker stated that over time, her injury has improved since her last visit with a specialist; pudendal genitofemoral injections have helped. Documented spinal cord stimulator retrieval was denied by new insurance. Physical examination revealed hip joint was painful with motion. The joint had capsular tightness. There was decreased range of motion with right hip; the hip joint does not crepitus on range of motion or palpation. There was numbness or diminished sensation along the lateral border with light touch testing. The injured worker's neurovascular status was not intact. Sensation of lateral, anterior, and medial thigh 1/2 way down, sparing posterior upper thigh. Range of motion pain largely refers to pubic region. Examination of the right lower extremity shows some abnormalities. Hyperesthesia medial upper thigh, anterior and lateral, no longer circumferentially, sparing upper post thigh. Diagnoses included reflex sympathetic dystrophy of lower limb, skin sensation disturbed, paresthesias, integument tissue symptoms, NEC right lower quadrant abdominal tenderness and contusion of abdominal wall. Request for Authorization was not submitted for this review.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 101,105-107.

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

Decision rationale: Spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state column stimulator are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. There is some evidence supporting the use of Spinal Cord Stimulation (SCS) for Failed Back Surgery Syndrome (FBSS) and other selected chronic pain conditions. Spinal Cord Stimulation is a treatment that has been used for more than 30 years, but only in the past five years has it met with widespread acceptance and recognition by the medical community. In the first decade after its introduction, SCS was extensively practiced and applied to a wide spectrum of pain diagnoses, probably indiscriminately. The results at follow-up were poor and the method soon fell in disrepute. In the last decade there has been growing awareness that SCS is a reasonably effective therapy for many patients suffering from neuropathic pain for which there is no alternative therapy. There are several reasons for this development, the principal one being that the indications have been more clearly identified. The enhanced design of electrodes, leads, and receivers/stimulators has substantially decreased the incidence of re-operations for device failure. Further, the introduction of the percutaneous electrode implantation has enabled trial stimulation, which is now commonly recognized as an indispensable step in assessing whether the treatment is appropriate for individual patients. These implantable devices have a very high initial cost relative to conventional medical management (CMM); however, over the lifetime of the carefully selected patient, SCS may lead to cost-saving and more health gain relative to CMM for FBSS. Fair evidence supports the use of spinal cord stimulation in failed back surgery syndrome, those with persistent radiculopathy after surgery. The guideline indications for a stimulator implantations failed back syndrome (persistent pain in patents who have undergone at least one previous back operation and are not candidates for repeat surgery), when are the following are present; symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care, analgesics, injections, physical therapy, neurologic agents, There should be a psychological clearance indicates realistic expectations and clearance for the procedure; no current evidence of substance abuse issues; and there are no contraindications to the trial. The injured worker has been diagnosed with chronic regional pain syndrome. The provider has requested a spinal cord stimulator based on another provider's report. Unfortunately, neither provider addressed the previous spinal cord stimulator trial and its failure or its efficacy. The records provided only indicated that there was a complication during the procedure with the development of spinal headache. In fact, she required 2 blood patches, the second being completed 9 days after the procedure. There is documentation of spinal dural perforation and complication. There is no rationale provided to override the record that seemed to indicate failure of the previous trial. Therefore, the request for Spinal Cord Stimulator Trial is not medically necessary.