

Case Number:	CM14-0111379		
Date Assigned:	09/16/2014	Date of Injury:	02/16/1993
Decision Date:	10/15/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/16/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 56-year-old man, with a medical history positive for HTN (hypertension), high cholesterol, abnormal heart rate, COPD (chronic obstructive pulmonary disease), anxiety, depression, and diabetes, who sustained a work-related injury on February 16, 1993. Subsequently, he developed chronic back and feet pain. The patient is status post fusions in 1993 and 2001. He underwent hardware removal in 1995. He is status post intrathecal pump implant in 2011. He had permanent placement of a spinal cord stimulator (SCS) with a spinal cord revision on September 20, 2012. Following removal of SCS equipment on August 14, 2013, the patient reported relief of neck pain and headaches but continued leg pain. In addition, on July 9, 2014, the patient underwent a left sacroiliac joint block, which he stated helped 80%. Cervical CT scan dated March 8, 2013 showed s/p (status post) lumbar fusion and SCS implantation, diffuse osteopenia with degenerative changes in the form of multilevel marginal osteophytes and reduced lower cervical disc space height. Thoracic CT scan dated March 8, 2013 showed s/p lumbar fusion. Lumbar CT scan dated March 8, 2013 showed post-operative changes including L3 to L5 bilateral laminectomy with transpedicular screw fixation, L4-5 and L5-S1 intervertebral disc implants, neural pacemaker placed through the L2 level and changes in the right posterior superior iliac spine and related to bone graft harvest. Diffuse osteopenia with generalized degenerative changes of the lumbar spine in the form of multilevel osteophytes, end-plate changes and vacuum phenomenon in L1-2 and L2-3 discs. On March 2014, the patient has been authorized 18 physical therapy visits. The patient reports physical therapy helped for about 2 to 3 days and then the pain returns. According to a progress report dated July 15, 2014, the patient complains of back and feet pain. He describes the pain as burning, aching, and sharp with a severity of 7/10 (with medication). His physical examination revealed hypersensitive feet to touch, slightly tenderness at the left sacroiliac joint. He has a healed midline lumbar post-surgical

incision. Range of motion of lumbosacral spine was reduced. He has decreased sensation starting about 1 inch proximal to his knees and extending distally. The patient was complaining of burning and numbness to touch. The patient did not exhibit aberrant drug-related behavior or any significant side effect profile to current prescribed opioid therapy. UDS (urine drug screen) collected on February 2014 was positive for oxycodone, which was inconsistent. The patient was diagnosed with lumbosacral radiculitis, lumbar post-laminectomy syndrome, lumbago, and sacroiliitis. The provider requested authorization for spinal cord stimulator system implant with surgical paddle/leads.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator system implant with surgical paddle/leads Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300, Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis Chapter, Sacroiliac joint blocks

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

Decision rationale: According to MTUS guidelines, spinal cord stimulator is recommended: 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. Prior to spinal neurostimulator implantation, the patient should have a psychological evaluation and clearance from drug abuse. There is no evidence that the patient was cleared psychologically. There is no clear evidence that the patient failed all conservative therapies and is not candidate for surgery. The patient did not have any significant benefit from previous SCS implantation. The course of previous SCS implantation was complicated by infections, multiple revisions and did not reduce the need for pain medications. The patient required intrathecal pain pump placement despite the use of SCS. Therefore, the request for Spinal Cord Stimulator system implant with surgical paddle/leads is not medically necessary per MTUS.