MAXIMUS Federal Services

Case Number:	CM14-0126831		
Date Assigned:	08/13/2014	Date of Injury:	12/22/2011
Decision Date:	09/18/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 45-year-old female who reported an injury on 12/22/2011 who reportedly sustained an industrial injury. He was status post 2 lumbar spine surgeries, one in 1997 and one in 2002. The injured worker's treatment history included medications, psychological evaluation, urine drug screen, medications, MRI. Within the documentation submitted, the psychologist stated that the injured worker continued to be seen for psychological related issues, furthermore, the 07/17/2014 progress report by the provider stated the permanent spinal cord stimulator given that the trial resulted in 70% improvement of the injured worker's pain; however, the records did not clarify when the trial was performed, how long the injured worker maintained 70% relief, and whether or not the injured worker demonstrated improvement in the back or leg pain or both. The injured worker was evaluated on 08/08/2014 and it was documented the injured worker complained of low back pain radiating to the buttocks and bilateral posterior thighs, the injured worker's fluoroscopically guided permanent spinal cord stimulator implant was denied and the injured worker's oxycodone was modified and denied. The injured worker requested the provider to write a medical legal report appealing the denial of the injured worker's spinal cord stimulator implant and medication. The injured worker reported pain of 7/10 on the Visual Analog Scale. Physical examination of the spine revealed lumbar range of motion more restricted by pain in all directions. Lumbar extension was worse than flexion. Lumbar discogenic provocative maneuvers were positive. Right sacroiliac provocative maneuvers were positive, including Gaenslen's, Patrick's maneuver, and tenderness of the right sacral sulcus. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes are 1+ in the bilateral patella and absent in the bilateral Achilles. Clonus, Babinski, and Hoffmann's signs are absent bilaterally. Muscle strength was 5/5 in all limbs. The remainder of the examination was unchanged from the previous visit. Within the documentation submitted, the provider noted the

injured worker's fluoroscopically guided permanent spinal cord stimulator implant gave him the positive spinal cord stimulator trial which provided 70% decrease of the injured worker's low back pain and bilateral lower extremity pain during the spinal cord stimulator trial from 12/06/2013 to 12/09/2013. During the spinal cord stimulator trial, the injured worker was able to decrease Percocet intake to 2 tabs daily from 4 tabs, stand for 30 minutes at a time versus 5 minutes, and ambulate 5 blocks versus 1 block. The injured worker was not a surgical candidate as per neurosurgeon. The injured worker was psychologically cleared for the procedure. Medications included Norco, ibuprofen, hydrocodone, metformin, Percocet, Vicodin, and Neurontin. Diagnoses included positive percutaneous spinal cord stimulator trial, failed back surgery syndrome, lumbar post-laminectomy syndrome at L3-4 and L4-5, lumbar radiculopathy, neuropathic pain, central disc protrusion at L1-2 measuring 4 mm with severe central stenosis, central disc protrusion at L4-5, L3-4, and L2-3, central disc protrusion at L5-S1 with moderate to severe neural foraminal, lumbar degenerative disc disease, lumbar facet joint arthropathy, lumbar sprain/strain, and diabetes mellitus type II. The injured worker's request dated 08/11/2014 was for a fluoroscopically guided permanent spinal cord stimulator implant. The rationale was the injured worker was given a positive spinal cord stimulator trial which provided 70% decrease of the injured worker's low back pain and bilateral lower extremity pain during the spinal cord stimulator trial from 12/06/2013 to 12/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically-guided permanent spinal cord stimulator implant: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines indicate stimulator are recommended only for selected injured workers 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 workers 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 injured workers. These implantable devices have a very high initial cost relative to conventional medical management (CMM); however, over the lifetime of the carefully selected injured worker, 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. On 09/17/2013 the injured worker was medically cleared of a psychological consultation for a spinal cord stimulator trial and the provider noted the injured worker had a trial spinal cord stimulator from 12/06/2013 to 12/09/2013 that provided 70 % of decreased pain relief. In the progress report dated 08/11/2014 the injured worker complained of pain of low back that radiated down both buttocks to the posterior thighs: however, on examination , the injured worker demonstrated negative neural tension signs that had radiating pain that was greater the n the injured worker's back pain that is positive of neurological deficits. In addition, the documents state that the injured worker has had prior physical therapy, pain medications and injections; however, there was lack of document on submitted indicating failed treatments. There is lack of supporting evidence to warrant request for fluoroscopically -guided permanent spinal cord stimulator implant. Given the above, the request is not medically necessary.