

Case Number:	CM14-0127379		
Date Assigned:	08/15/2014	Date of Injury:	08/01/2006
Decision Date:	09/15/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/12/2014

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 Occupational 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 claimant was injured on 08/01/2006. Spinal cord stimulator (SCS) removal and epidural steroid injection #2 are under review. The claimant was injured when he fell and he had persistent lumbar radiculopathy status post L4-5 decompression and a spinal cord stimulator. The clinical notes dated 01/06/2012 indicated the SCS was quite beneficial but after permanent implantation he had increased aching in his back around the implant battery and he had no benefit for pain relief except for when he stood with his trunk maximally hyperextended. Electrodiagnostic studies in June 2013 were negative for radiculopathy. On 06/12/2014, he reported improvement in range of motion and improved tolerance to standing and walking. He still had low back pain with lower extremity symptoms at level 6/10. The stimulator was implanted and he wanted reprogramming. There were no signs of infection at the injection site. He had an ESI at level L4-5 bilaterally that gave him 60% diminution of radicular pain to date and he was pleased. Lumbar range of motion had improved somewhat. On 07/24/2014, he said he had some relief from the initial epidural but his symptoms had recurred. The spinal cord stimulator was nonfunctioning and had never functioned. He had tenderness and a positive straight leg raise on the right. Neurologic examination was grossly normal. Sensation was intact and deep tendon reflexes were symmetrical. He reportedly had new spinal cord stimulator electrodes placed on 06/01/2014 and on 06/12/2014; he wanted to continue with the spinal cord stimulator that was implanted and have it reprogrammed. Removal was not recommended. On 07/29/2014, he saw [REDACTED] and had low back pain with lower extremity symptoms at level 7/10. The ESI continued to decrease his lumbar radicular component with improved tolerance to standing and walking. He was interested in SCS reprogramming. He had tenderness with limited range of motion and had a retained spinal cord stimulator that was nonfunctional. [REDACTED] recommended continuing to observe him status post epidural steroid injection

bilaterally at L4-5. He had 70% diminution in the radicular component of his pain with improved tolerance of standing and walking. An updated epidural steroid injection was recommended bilaterally at L4-5 in the therapeutic phase. He was to continue his home exercise program and his exercises were discussed. He was given hydrocodone. His spinal cord stimulator had never functioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord stimulator removal: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 138.

Decision rationale: The history and documentation support the request for removal of the spinal cord stimulator which has been described on multiple office notes as being nonfunctional and having never functioned. The MTUS state a cost utility analysis of SCS versus reoperation for FBSS based on this RCT concluded that SCS was less expensive and more effective than reoperation, and should be the initial therapy of choice. Should SCS fail, reoperation is unlikely to succeed. Trials of SCS are reasonable but if it is nonfunctioning and providing no pain relief, there is no indication to keep it in place. The claimant also reported discomfort while wearing it. It is reasonable for the SCS to be removed under these circumstances. Therefore, this request is medically necessary.

Second Epidural Steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for repeat ESIs at level L4-5. The MTUS states; epidural steroid injections (ESIs) may be recommended as an option for treatment of radicular pain. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby

facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There is no clear objective evidence of radiculopathy at the two levels to be injected on physical examination and the EMG in June 2013 did not reveal radiculopathy. The date of the first injections is unknown, and though the claimant has reported improvement in his pain, the duration of the pain relief remains unclear and should be at least 6 weeks. The duration of pain relief cannot be determined from the available information. There is no documentation of nerve root compression bilaterally at L4-5 and no indication that this ESI is being offered in an attempt to avoid surgery. Therefore, this request is not medically necessary.