

Case Number:	CM14-0138291		
Date Assigned:	09/05/2014	Date of Injury:	01/20/1992
Decision Date:	09/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 60-year-old with a reported date of injury of 01/20/1992. The patient has the diagnoses of radiculopathy of the lower extremities, degenerative disc disease of the lumbar and cervical spine and degenerative joint disease of the lumbar and cervical spine. Past treatment modalities have included physical therapy and surgical intervention. The documentation for review does not include the requesting physician's progress notes. The most recent progress notes from the pain management physician dated 06/30/2014 states the patient had complaints of neck and back pain though there has been a 50% improvement in the pain with medications. Physical exam noted no musculoskeletal components except flexion at the knee (4+/5), hip (5-/5), ankle (4-/5) and extension at the knee (4+/5). Treatment recommendations included continuation of pain medication, surgical evaluation and hold on spinal cord stimulator trial till after surgical consideration, and request for lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation for SCS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 101, 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators Page(s): 105-107.

Decision rationale: Chronic Pain 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. 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. (Mailis-Gagnon-Cochrane, 2004). 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, 200) Psychology evaluations are recommended per the California MTUS prior to SCS trials. However in this case the SCS trial has not been certified by previous utilization review. In the absence of approval for the spinal cord stimulator, the need for a psychology evaluation is not established. Therefore the request is not medically necessary.