

Case Number:	CM14-0175832		
Date Assigned:	10/28/2014	Date of Injury:	02/14/2008
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/23/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 61-year-old male with a 2/14/08 date of injury, and status post L4-5 instrumented lumbar fusion and status post C4-7 anterior discectomy and cervical fusion. At the time (9/29/14) of request for authorization for 1 permanent spinal cord stimulator implantation, there is documentation of subjective (persistent neuropathic as well as axial back pain) and objective (painful range of motion with referred back pain bilaterally with straight leg raise and positive Lasegue, left greater than right) findings, current diagnoses (history of narcotic dependency, status post inpatient detox; status post L4-5 instrumented lumbar fusion; status post C4-7 anterior discectomy and cervical fusion), and treatment to date (activity modification and percutaneous spinal cord stimulator trial DOS 8/22/14). 8/28/14 medical report identifies that the patient has completed a percutaneous spinal cord stimulation trial for treatment of post-laminectomy syndrome and bilateral lower extremity neuropathic pain, has done surprisingly well with the stimulation, there was significant improvement in the lower extremity neuropathic pain as well as back pain; and improvement with gait, standing, and sitting tolerance. In addition, 8/28/14 medical report identifies that the patient has already completed the psychological clearance prior to the stimulator trial. There is no documentation of 50% pain relief and medication reduction or functional improvement after temporary trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Permanent Spinal Cord Stimulator implantation: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Spinal cord stimulators (SCS)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), primarily lower extremity pain, less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of failed back syndrome. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that SCS is recommended as a treatment option for adults with chronic neuropathic pain lasting at least 6 months despite appropriate conventional medical management, and who have had a successful trial of stimulation, as criteria necessary to support the medical necessity of permanent spinal cord stimulation. ODG identifies documentation of 50% pain relief and medication reduction or functional improvement after temporary trial, as criteria necessary to support the medical necessity of permanent spinal cord stimulation. Within the medical information available for review, there is documentation of diagnoses of history of narcotic dependency, status post inpatient detox; status post L4-5 instrumented lumbar fusion; status post C4-7 anterior discectomy and cervical fusion. In addition, there is documentation of failed back syndrome, primarily lower extremity pain, that less invasive procedures have failed, and a psychological evaluation prior to a trial. However, despite non-specific documentation of significant improvement in the lower extremity neuropathic pain as well as back pain, as well as improvement with gait, standing, and sitting tolerance with SCS trial, there is no specific documentation of 50% pain relief and medication reduction or functional improvement after temporary trial. Therefore, based on guidelines and a review of the evidence, the request for 1 permanent spinal cord stimulator implantation is not medically necessary.