

Case Number:	CM14-0035826		
Date Assigned:	06/23/2014	Date of Injury:	03/08/2007
Decision Date:	07/22/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 Practice 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 53 year old male sustained a work injury on 3/8/07 resulting in chronic low back pain. Due to severe degenerative changes and radicular findings, the patient underwent lumbar discectomy and fusion. The patient used oral analgesics and underwent physical and chiropractic / acupuncture which have all failed to provide pain relief. A progress note dated on 6/9/14 noted the patient had reduced range of motion of the lumbar spine and a positive straight leg test. He had a diagnosis of a failed back syndrome. Due to the lack of improvement in symptoms, the treating physician ordered a spinal cord stimulator after psychological clearance was complete and the claimant was cleared.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spinal cord stimulator trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, spinal cord stimulators.

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

Decision rationale: A 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. A complex Regional Pain Syndrome (CRPS) / Reflex sympathetic dystrophy (RSD), has a 70-90% success rate, at 14 to 41 months after surgery. The post amputation pain (phantom limb pain), has a 68% success rate, the post herpetic neuralgia, has a 90% success rate. The spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury, pain associated with multiple sclerosis and peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), has a 80% success rate at avoiding the need for amputation when the initial implant trial is successful. The data is also very strong for angina. (Flotte, 2004). In this case, the claimant had undergone prior surgery and failed conservative management. The patient had received psychological clearance and prior back surgery. According to the guidelines, a spinal cord stimulator is indicated.