

Case Number:	CM14-0042543		
Date Assigned:	06/30/2014	Date of Injury:	12/21/1988
Decision Date:	08/22/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 54-year-old male with a reported date of injury on 12/21/1988. The injury reportedly occurred when the injured worker was loading and unloading boxes at work. His diagnoses were noted to include lumbar fusion at L5-4, lumbar radiculopathy, lumbar postlaminectomy syndrome, and thoracic/lumbar neuritis/radiculitis and opioid type dependence. His previous treatments were noted to include acupuncture, physical therapy, and medication. The progress note dated 03/10/2014 revealed the injured worker complained of low back and neck pain rated 5/10. His pain was characterized as throbbing and electricity. The injured worker indicated his pain was decreased by medication. The physical examination of his back noted decreased range of motion to all planes, positive tenderness to palpation to the lumbar paraspinal area and a lumbar surgical scar was noted. The injured worker reported pain relief with acupuncture in the past and medications. The request for authorization form dated 03/10/2014 was for a spinal cord stimulator trial with fluoroscopy and moderate sedation for postlaminectomy syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator trial for the lumbar spine with fluoroscopy and moderate sedation:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-106.

Decision rationale: The request for a spinal cord stimulator trial for the lumbar spine with fluoroscopy and moderate sedation is non-certified. The injured worker has had previous back surgeries and therapy, acupuncture, and medications. The California Chronic Pain Medical Treatment Guidelines recommend spinal cord stimulators for selected patients in cases when less invasive procedures have failed or are contraindicated. Although there is limited evidence in favor of spinal cord stimulators for failed back surgery syndrome and complex regional pain syndrome type 1, more trials are needed to confirm whether spinal cord stimulators is an effective treatment for certain types of chronic pain. The guideline indications for stimulator implantation are failed back syndrome (persistent pain in patients who have undergone at least 1 previous back operation), the SCS is more helpful for lower extremity than low back pain, although both stand to benefit, a 40% to 60% success rate in 5 years after surgery. It works best for neuropathic pain. Complex regional pain syndrome 70% to 90% success rate at 14 to 41 months after surgery, postamputation pain with a 68% success rate, postherpetic neuralgia with a 90% success rate, spinal cord injury dysesthesias, pain associated with multiple sclerosis and peripheral vascular disease. The previous treatments indicated therapy, acupuncture applications which the injured worker indicated were helpful for his back pain. The guidelines recommend a spinal cord stimulator is more successful for neuropathic pain, however, there is a lack of documentation regarding neuropathic or radiating pain to warrant a spinal cord stimulator. There is a lack of documentation regarding failure of extensive conservative treatment. Therefore, the request is non-certified.

