MAXIMUS Federal Services

Case Number:	CM14-0047268		
Date Assigned:	07/02/2014	Date of Injury:	07/01/2001
Decision Date:	10/23/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/15/2014

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 and is licensed to practice in Texas and Ohio. 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 66-year-old male who reported an injury on 07/01/2001 by an unspecified mechanism. On 11/07/2013, documented that the injured worker stated he tried 5 to 6 times to get his spinal cord stimulator to recharge but was unable to do so. The injured worker stated he did not need a spinal cord stimulator anymore and would like to hold off on having a new one implanted. The injured worker's treatment history included x-rays, spinal cord stimulator, and medications. The injured worker was evaluated on 04/02/2014 and was documented that the injured worker was status post right knee surgery and complained of pain in the right foot. The injured worker was doing well on gabapentin and continued to help at church distributing food to the poor. The injured worker was hoping to have his spinal cord stimulator explanted. The injured worker had multiple premature ventricular contractions. The injured worker will need a clearance from the cardiologist to explant the IT pump. Physical examination included a regular heartbeat, high blood pressure, and high cholesterol. There were spasms over the back. Medications included Abilify, Crestor, Effexor, gabapentin, lorazepam, Provigil, ranitidine, simvastatin, verapamil, and Zantac. Diagnoses included reflex sympathetic dystrophy, right limb; pain in limb; pain in ankle and foot; depression and anxiety. Request for Authorization dated 03/25/2014 was for spinal cord stimulation system explanted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The requested Gabapentin 300 mg is not medical necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Gabapentin is an anti-epilepsy drug AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The documentation submitted had lack of evidence of the efficacy of the requested drug after the injured worker takes the medication. In addition, the request did not include frequency, quantity or duration of the medication. Given the above, the request for Gabapentin 300 mg is not medically necessary.

Anteropostier/Lateral Thoracic spine x-rays to identify spinal cord stimulator leads at current position: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Low back Procedure Summary last updated 03/18/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for Anterior/ Posterior/ Lateral Thoracic spine x-ray to identify spinal cord stimulator leads at current position is not medically necessary. The American College of Occupational and Environmental Medicine guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The guidelines state the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. There is no indication of tissue insult or neurologic dysfunction. Therefore, the request for X-ray of the thoracic spine is not medically necessary.

Spinal Cord Stimulator Explant: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Simulators.

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

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state stimulator are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. There is some evidence supporting the use of Spinal Cord Stimulation (SCS) for Failed Back Surgery Syndrome (FBSS) and other selected chronic pain conditions. Spinal Cord Stimulation is a treatment that has been used for more than 30 years, but only in the past five years has it met with widespread acceptance and recognition by the medical community. In the first decade after its introduction, SCS was extensively practiced and applied to a wide spectrum of pain diagnoses, probably indiscriminately. The results at follow-up were poor and the method soon fell in disrepute. In the last decade there has been growing awareness that SCS is a reasonably effective therapy for many patients suffering from neuropathic pain for which there is no alternative therapy. There are several reasons for this development, the principal one being that the indications have been more clearly identified. The enhanced design of electrodes, leads, and receivers/stimulators has substantially decreased the incidence of re-operations for device failure. Further, the introduction of the percutaneous electrode implantation has enabled trial stimulation, which is now commonly recognized as an indispensable step in assessing whether the treatment is appropriate for individual patients. These implantable devices have a very high initial cost relative to conventional medical management (CMM); however, over the lifetime of the carefully selected patient, SCS may lead to cost-saving and more health gain relative to CMM for FBSS. Fair evidence supports the use of spinal cord stimulation in failed back surgery syndrome, those with persistent radiculopathy after surgery. The guideline indications for a stimulator implantations failed back syndrome (persistent pain in patents who have undergone at least one previous back operation and are not candidates for repeat surgery), when are the following are present; symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care, analgesics, injections, physical therapy, neurologic agents, There should be a psychological clearance indicates realistic expectations and clearance for the procedure; no current evidence of substance abuse issues; and there are no contraindications to the trial. The injured worker has not been medically cleared of a psychological consultation for a spinal cord stimulator trial. The documents submitted for review lacked evidence of the injured worker having failed back syndrome and other selected chronic pain conditions. In addition, the documents state that the injured worker has had prior physical therapy, pain medications; however, there was lack of document on submitted indicating failed treatments. It was unclear, on the rationale the injured stated he was hoping to have a spinal cord stimulator. There is lack of supporting evidence to warrant request for spinal cord stimulator trial. Given the above, the request for a Spinal Cord Stimulator explanted is not medically necessary.

Cardiologist referral for clearance for Spinal Cord Stimulator explant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines OGD-TWC Pain Procedure Summary last updated 03/18/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain, Office Visit.

Decision rationale: The request for Cardiologist referral for clearance for spinal Cord Stimulator expanted is not medical necessary. The Official Disability Guidelines recommend

office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patients' conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with the eventual patient independence from the healthcare system through self-care as soon as clinically feasible. Since the rationale is not clear upon the spinal cord stimulator explanted there would not be a reason for a referral to the Cardiologist. As such the request is not medically necessary.