

Case Number:	CM14-0050905		
Date Assigned:	07/07/2014	Date of Injury:	11/01/2000
Decision Date:	08/27/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/18/2014

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 Internal 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:

This is a case of a year 52 old female with date of injury of 11/1/2000. The patient was apparently injured while driving a coach when another vehicle struck it. Based on the information available, it appears that she is status post lumbar laminectomy at L5-S1 with severe pain in her right lower extremity. On patient reassessment exam dated 12/11/2013, patient reports being unable to bend, stoop, kneel, climb and lift. Previously she was treated with Percocet every 4 hours, lumbar fusion again performed in 2007, and hardware removed in 2010. On physical exam, her range of motion of the lumbar spine was 50% of normal. She has pain over the sciatic notch. She has positive straight leg raise at 40 degrees on the right side of midline. She has weakness to plantar flexion of the great toe on the right side of midline. She has a dropped Achilles reflex on the right side of midline. An MRI of the lumbar spine reported a laminectomy defect and loss of nuclear signal at L5-S1, foraminal stenosis at S1, right side of midline, secondary to disc herniation and hypertrophied superior articular process at L5-S1. At that time, she was diagnosed with severe radiculopathy, S1, right side of midline and selective nerve root block, S1, right side of midline was recommended which she had performed on 2/7/2014. In follow up on 2/18/2014, she still had a diminished Achilles reflex on exam and it was reported that the patient has not improved with the selective nerve root block. Because of the ongoing radiculopathy, which has not responded to injection under fluoroscopic guidance, there appears to be a foraminal compromise at the level of the dorsal root ganglia. Therefore, it was recommended by [REDACTED] of [REDACTED] that the patient either has a surgical revision versus trial of a dorsal column stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Stimulator Trial under Fluoroscopic Guidance with interpretation of radiograph films at Facility ([REDACTED]): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Section 9792.20 Page(s): 101 & 105-106.

Decision rationale: Based on MTUS guidelines, spinal cord stimulators are 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 types of chronic pain. 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. 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. SCS for treatment of chronic nonmalignant pain, including FBSS, has demonstrated a 74% long-term success rate. SCS for FBSS reported better effectiveness compared to reoperation. A cost utility analysis of SCS versus reoperation for FBSS based on a randomized controlled trial concluded that SCS was less expensive and more effective than reoperation, and should be the initial therapy of choice. Should SCS fail, reoperation is unlikely to succeed. Indication for stimulator implantation include; failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, and peripheral vascular disease. Lastly, psychological evaluations are recommended pre-intrathecal drug delivery systems and spinal cord stimulator trial. In this case, there is no documentation that a psychological evaluation has been performed prior to the request for a lumbar stimulator trial. Therefore, based on the evidence in this case and review of the MTUS guidelines, the request for Lumbar Stimulator Trial is not medically necessary.