

Case Number:	CM14-0052478		
Date Assigned:	07/07/2014	Date of Injury:	12/06/2010
Decision Date:	08/25/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/21/2014

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 Texas. 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 53-year-old male who reported an injury on 12/06/2012 who reportedly sustained injuries to his back, spine, spinal cord, lower extremities, and nervous system. He and another man who was about 75 to 80 years old had to clean up and cut the trees, proceeded to pick up a trunk of a tree that weighed 150 pounds, and squatted to try to pick up the other end when he felt stabbing and burning pain in his low back, but more on the right side. On 08/27/2013, the injured worker had undergone an MRI that revealed multiple herniated discs most significant at L5-6. A segmental laminectomy was noted with posterior paraspinal enlarging granulation tissue. A 4 mm to 5 mm disc bulge and severe left and moderate right foraminal stenosis was noted. The injured worker had 6 lumbar vertebrae. The injured worker's treatment history included medications, MRI, surgery, and physical therapy sessions. Within the documentation submitted, the injured worker underwent a series of 4 injections to the low back. The injured worker was evaluated on 03/07/2014 and it was documented the injured worker complained of continued low back pain radiating into his bilateral posterior thigh and leg and to his feet. The exam noted tenderness to palpation over the lumbar spine, decreased sensation to the bilateral lower extremities, positive straight leg raise on the left, and 4/5 muscle strength and weakness in the bilateral lower extremities. The provider noted the injured worker had failed multiple conservative therapies including physical therapy, TENS unit, muscle relaxants, epidural injections greater than 1 year. Diagnoses included lumbar postlaminectomy syndrome, lumbar radiculopathy, and lumbar facet arthropathy. Request for authorization dated 03/07/2014 was for a spinal cord stimulator trial and rationale was the injured worker had failed conservative care measures including physical therapy, medication, TENS unit, and steroid injections for greater than 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implant neuroelectrodes (spinal cord stimulator trial): Upheld

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

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

Decision rationale: The requested is not medically necessary. Spinal cord stimulator are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state column 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 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 and injections however, there was lack of document on submitted indicating failed treatments. There was no psychological clearance submitted for injured worker to undergo a spinal cord stimulator. There is lack of supporting evidence to warrant request for lumbar dorsal

stimulator trial with two-8 electrode lead. Given the above, the request for the implant neuroelectrodes (spinal cord stimulator trial) is not medically necessary.