

Case Number:	CM14-0067298		
Date Assigned:	07/11/2014	Date of Injury:	05/16/2007
Decision Date:	08/14/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/12/2014

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 & Rehabilitation has a subspecialty in Pain Management 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 patient with a date of injury of 5/16/07. A utilization review determination dated 4/15/14 recommends non-certification of a spinal cord stimulator trial as there was no documentation of specific psychological screening for clearance. 3/5/14 medical report identifies that the patient recently had lumbar facet blocks that took away the pain for a couple of days. Facet rhizotomy was done and he got 3 days of pain relief, and then pain returned, but it is now neurogenic from CRPS of the lower extremities. He has had caudal epidural sympathetic blocks, which took away his pain. This gentleman has complex regional pain syndrome and sympathetically-maintained pain in the lower extremities. This pain has now taken over the area of pain which was being partly controlled by the lumbar facet pain. He has failed back syndrome. A spinal cord stimulator trial was recommended. Should it not work, he would be a candidate for an intrathecal pump system. He is very sad and can hardly walk. A 6/11/14 psychological testing report notes that the patient is cleared for a trial of spinal cord stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator (SCS) trial / Outpatient 3-day trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for stimulator implantation Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. AA9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 38, 101, 105-107.

Decision rationale: Regarding the request for a spinal cord stimulator trial, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, the prior utilization reviewer noted that there was no psychological clearance and therefore recommended non-certification. Subsequently, the patient was cleared psychologically. The patient has CRPS and less invasive procedures have failed. In light of the above, the currently requested spinal cord stimulator trial is medically necessary.