

Case Number:	CM14-0076583		
Date Assigned:	07/18/2014	Date of Injury:	05/11/2009
Decision Date:	08/15/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/27/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

On 11/25/13 evaluation by primary care provider noted chronic back pain with history of two previous surgeries. It indicates the insured had an implantation of a spinal cord stimulator that did not provide significant relief of the insured's pain. Examination noted the insured is unable to heel or toe walk. The strength is 4/5 in the L5 muscle groups. Sensation was decreased in the L5 and S1 muscle groups. On 4/9/14, PR-2 reported that a neurosurgeon recommended removal of the spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implantation of two spinal cord stimulation leads and a new pulse generator with monitored anesthesia care and epidurography for lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-107. Decision based on Non-MTUS Citation Interventional Pain Medicine: Chapter 64 pages 654-670.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) 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) TypeSpinal cord stimulators I, more trials are needed to confirm whether SCS is an effective treatment for certain types ofchronic pain. (Mailis-Gagnon-Cochrane, 2004) (BlueCross BlueShield, 2004) Page(s): 105.

Decision rationale: The medical records provided for review indicate the insured had no improvement with the spinal cord stimulator implanted and reports that a physician recommended removal of the device. The medical records do not indicate a new spinal cord stimulator trial having been performed with demonstrated improvement and functional improvement in support of a further long-term stimulator placement. Therefore, the request is not medically necessary.