

Case Number:	CM14-0184957		
Date Assigned:	11/12/2014	Date of Injury:	12/12/1998
Decision Date:	01/02/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/06/2014

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 Anesthesiology, has a subspecialty in Pain 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:

45 year old female injured worker with date of injury 12/12/98 with related low back pain. Per Orthopedic Agreed Medical Re-evaluation dated 2/7/07, which was the most recent medical record available for review, the injured worker complained of low back pain rated 5-8/10 in intensity and nerve pain in the leg. Per physical exam of the lumbar spine, there were palpable sites of tenderness at the right SI joint and the LS junction; there was no tenderness on the left SI joint. There was no paravertebral muscle spasm. Treatment to date has included physical therapy, TENS, chiropractic manipulation, injections, surgery, and medication management. The date of UR decision was 10/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Spinal Cord Stimulator Trial for the Lumbar Spine, as Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Low Back: Table 2 Summary of REcommendations, Low Back Disorders Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section Neck and Upper Back>

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

Decision rationale: With regard to spinal cord stimulators, the MTUS CPMTG states: "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. Indications for stimulator implantation: - Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar.- Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.)- Post amputation pain (phantom limb pain), 68% success rate- Post herpetic neuralgia, 90% success rate - Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury)- Pain associated with multiple sclerosis - Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. (Flotte, 2004)As the most recent documentation available for review is over 7 years old, medical necessity cannot be affirmed. The request is not medically necessary.