

Case Number:	CM14-0198415		
Date Assigned:	12/08/2014	Date of Injury:	10/01/1999
Decision Date:	01/21/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/25/2014

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 and Rehabilitation 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 65 year-old injured sustained an injury on 10/1/1999. Request(s) under consideration include Dorsal Column Stimulator Evaluation. Diagnoses include cervical spondylosis without myelopathy; lumbosacral spondylosis s/p spinal cord stimulator placement; and lower leg joint pain s/p bilateral TKA. Conservative care has included medications, therapy, Lumbar epidural steroid injection, SCS placement, and modified activities/rest. Report of 4/18/14 from the provider noted the injured worker had permanent SCS placement on 11/29/11; follow-up report by pain management specialist in 2013 noted poor coverage of SCS, recommended reprogramming. The injured worker subsequently underwent numerous replacement and revision surgeries in bilateral knees. Currently, the provider documented unchanged chronic low back, neck, shoulder, and knee pain. Brief exam showed antalgic gait; ambulating with walker. No other neurological exam documented. Fentanyl was continued. Medications list Gabapentin, Fentanyl, Gabapentin, Glipizide, Ibuprofen, Lantus, Lisinopril, Metformin, Simvastatin, Valacyclovir, and Venlafaxine. Report of 7/3/14 noted unchanged exam findings with antalgic gait; normal muscle tone; no distress/anxiety/lethargy. The injured worker remained P&S and was continued on Norco and Fentanyl patch. No other subsequent information regarding current request for dorsal column stimulator when the injured worker already underwent permanent SCS placement in 2011 with revision in 2013. The request(s) for Dorsal Column Stimulator Evaluation was non-certified on 10/31/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dorsal Column Stimulator Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS), Psychological Evaluations Page(s): 105-107, 101-102.

Decision rationale: The request(s) for Dorsal Column Stimulator Evaluation was non-certified on 10/31/14. MTUS guidelines states that spinal cord stimulators are only "recommended for selected patients as there is limited evidence of its functional benefit or efficacy for those failed back surgery syndrome and complex regional pain syndrome." It may be an option when less invasive procedures are contraindicated or has failed. Criteria include psychological evaluations screening along with documented successful trial prior to permanent placement for those patients with specific diagnoses of failed back syndrome; complex regional pain syndrome; post-amputation pain; post-herpetic neuralgia; spinal cord dysesthesia/injury; multiple sclerosis or peripheral vascular diseases. Submitted reports have not demonstrated support to meet criteria for repeating the procedure. There is no reported updated medical clearance from a psychologist noted nor is there identified failed conservative treatment or progressive acute change in clinical conditions documented to support for SCS. The Dorsal Column Stimulator Evaluation is not medically necessary and appropriate.