

Case Number:	CM14-0207868		
Date Assigned:	12/19/2014	Date of Injury:	04/20/2000
Decision Date:	07/13/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 56-year-old female who sustained an industrial injury on 4/20/00. The mechanism of injury was not documented. Past surgical history was positive for carpal tunnel release, right knee surgery, left hand surgery, bilateral shoulder surgery, pericardial window, and cervical fusion at C5/6 in July 2002. She was diagnosed with failed back surgery and lower extremity complex regional pain syndrome (CRPS). She underwent spinal cord stimulator implantation in August 2008. Records indicated that the spinal cord stimulator stopped functioning in 2012 and the injured worker reported increasing symptoms and returning CRPS symptoms. The spinal cord stimulator was explanted and replaced with a new one. The 11/1/14 lumbar CT scan impression documented minimal anterolisthesis at L5/S1 with moderate to severe facet arthropathy, and moderate left and mild to moderate right neuroforaminal stenosis. There was moderate facet hypertrophy at L4/5, with minimal bilateral neuroforaminal stenosis. The 11/3/14 pain management report indicated that the injured worker had moderate pain mostly in the back. The spinal cord stimulator was covering the legs well but did not cover her back as much. She had a course of physical therapy but could not finish it. Multiple medication trials in the past had little success. Pain was located over the low back and bilateral hips and was constant and radiating. Physical exam documented pain over the lumbar facets bilaterally from L3 to S1, and over the intervertebral spaces. Motor strength was grossly normal. The diagnosis included cervical radiculopathy, CRPS Type II lower extremity, sacroiliac instability, lumbar degenerative disc disease, lumbosacral radiculopathy, lumbosacral spondylosis without myelopathy, and rotator cuff syndrome. The treatment plan recommended continued spinal cord stimulator

treatment, trial of Nucynta for breakthrough pain, and stop exercises. Spinal cord stimulator interrogation without programming was performed. Battery function was documented as okay, estimated battery life was reported okay, it was charging appropriately, and usage was 100%. The 11/28/14 utilization review non-certified this request as there was no evidence of spinal cord stimulator failure. The 12/2/14 pain management report indicated the injured worker was seen in follow-up for her chronic leg and back pain. The spinal cord stimulator covered the legs, but did not cover the back as much. She was unable to complete a course of physical therapy because of severe pain. She had a functional capacity evaluation, and an exercise program and cervical pillow were recommended. She had multiple medication trials in the past with little success. The Nucynta made her very nauseated and did not help the pain. She was denied the peripheral spinal cord stimulator lead trial to cover the back pain. She reported aching pain over the low back that was worse. Physical exam findings were unchanged from prior report. As the peripheral lead trial was denied, authorization was requested for facet blocks to help reduce her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Implant: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. The Official Disability Guidelines state that this procedure should be employed with more caution in the cervical region than in the thoracic or lumbar due to potential complications and limited evidence. Guideline criteria have not been met. This injured worker has a spinal cord stimulator implanted for a lower extremity complex regional pain syndrome diagnosis with 100% performance documented. This request appears to be for a trial to provide more coverage for her back pain. She is status post cervical surgery, not lumbar surgery. Records suggest that the injured worker sustained a significant flare-up of back symptoms following the performance of a recent functional capacity evaluation. There is no detailed documentation that she has exhausted less invasive treatment to address this flare. Therefore, this request is not medically necessary.