

Case Number:	CM14-0207970		
Date Assigned:	12/19/2014	Date of Injury:	11/06/2009
Decision Date:	04/01/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 62 year old female, who sustained an industrial injury on November 6, 2009. She has reported lower back pain. The diagnoses have included lumbago, lumbar spine radiculopathy, and chronic pain syndrome. Treatment to date has included medications, lumbar spine fusion (7/2012), and spinal cord stimulator trial. A progress note dated November 6, 2014 indicates a chief complaint of continued lower back pain that has improved with the spinal cord stimulator trial. Physical examination showed lumbar spine tenderness, guarded range of motion, and decreased sensation at the L5-S1 distribution. The treating physician is requesting a permanent spinal cord stimulator implant as the injured worker did well with the trial. A psychological evaluation determined that the claimant's pain is not psychological in nature and the claimant is a good candidate for surgery. CBT was recommended. On November 20, 2014 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines. On December 12, 2014, the injured worker submitted an application for IMR of a request for a permanent spinal cord stimulator implant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent spinal cord stimulator implant: Overturned

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

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

Decision rationale: According to the guidelines, Spinal Cord Stimulators are recommended for selected patients in cases when less invasive procedures have failed or are contraindicate. 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) In this case, the claimant had appropriate psychological evaluation, underwent surgery 3 years ago and has persistent pain despite conservative therapy. An orthopedic surgeon notes on 6/23/14 that no further surgery was needed. The request for an SCS permanent placement is appropriate and medically necessary.