MAXIMUS Federal Services

| Case Number: | CM14-0218757 | | |
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| Date Assigned: | 01/08/2015 | Date of Injury: | 12/20/1986 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 12/12/2014 |
| Priority: | Standard | Application Received: | 12/30/2014 |

## 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: Georgia
Certification(s)/Specialty: Anesthesiology, Pain Management

## 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 61 year old female with a date of injury as 12/20/1986. The cause of the injury was related to a slip and fall, landing on her bottom and fell back. The current diagnoses include chronic pain syndrome, hip pain, post laminectomy syndrome, and lumbar radiculopathy (per the utilization review). Previous treatments include medications, physical therapy, neck surgery in 1997, back surgery in 2000. Psychological evaluation for dates of service 03/03/2014 and 10/17/2014 noted the evaluation was to address any confounding issues or contraindications to a spinal cord stimulator trial. The psychologist noted that the injured worker has attempted suicide 10 times because of her medication problems, pain, and dissociative experiences. It was noted that the injured worker has not been able to obtain any relief even though she has been through many treatments, medications, and procedures. Medication regimen included Abilify, Morphine, Xanax, Ambient, Gabitrtil, venlafaxine, Zolpidem, amlodipine, Januvia, Metformin HCL, Glipizide, and fluticasone. Mental status exam revealed 10 out of 10 pain level, gait and coordination were stiff and slow. The psychologist noted that the injured worker does not have any psychological barriers to the spinal cord stimulator trial. No other documentation was submitted for review. The utilization review performed on 12/12/2014 non-certified a prescription for a spinal cord stimulator based on no documentation to support that the injured worker has had a satisfactory psychological evaluation. The reviewer referenced the California MTUS in making this decision.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulation:** 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 Complex Regional Pain Syndrome Page(s): 32.

**Decision rationale:** Spinal Cord Stimulation is not medically necessary. Per Ca MTUS spinal cord stimulator is 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) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. 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). Additionally, the guidelines indicate that the use of a spinal cord stimulator is a last resort when all other conservative attempts to control the patient's pain have failed, (for example, various medications including neuroleptics for neuropathic pain, injections, physical therapy.) In the medical records reviewed the patient reported about 50-70% relief with the spinal cord stimulator; however, there is lack of documentation to corroborate the patient's reports. There was no documentation of a successful trial. Additionally, there is lack of documentation of psychological clearance; therefore the request for a spinal cord stimulator is not medically necessary and appropriate.