

Case Number:	CM15-0160148		
Date Assigned:	08/26/2015	Date of Injury:	04/14/1994
Decision Date:	09/29/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	08/17/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 71 year old male, who sustained an industrial injury on 4-14-1994. The injured worker was diagnosed as having lumbar and sacral arthritis, lumbar radiculopathy, and lumbar degenerative disc disease. A history of prostate cancer was noted. Treatment to date has included diagnostics, lumbar spinal surgery, physical therapy, epidural steroid injections, acupuncture, and medications. Currently, the injured worker complains of chronic pain in his back and left lower extremity. The treatment plan included a spinal cord stimulator trial. Pain psychology report (7-07-2015) noted that he was a good candidate for the spinal cord stimulator trial and there were no psychological contraindications for him having spinal cord stimulator trial procedure. Computerized tomography of the lumbar spine (6-10-2015) was performed due to magnetic resonance imaging findings of atypical hemangioma. A mass could not be completely excluded, noting consideration for further evaluation with nuclear medicine bone scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Upheld

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

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

Decision rationale: The request is for a spinal cord stimulator trial. The MTUS guidelines recommends a spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and only after following a successful temporary trial. It is considered 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. Per the MTUS guidelines, the indications for stimulator implantation include: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), 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. In regards to the injured worker, prior to consideration for invasive surgery and implantation of a foreign device, a very clear delineation of the potential mass seen on MRI of the lumbar spine is medically prudent. Therefore, the request for a spinal cord stimulator trial is not medically necessary at this time.