

Case Number:	CM15-0166534		
Date Assigned:	09/04/2015	Date of Injury:	04/23/2010
Decision Date:	10/09/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/25/2015

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, District of Columbia, Maryland
 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 59 year old male, who sustained an industrial injury on 4-23-2010. He reported low back and left leg pain due to lifting a patient. Diagnoses have included status post microlumbar discectomy (MLD) L4-5 on 6-12-2013, status post microlumbar discectomy (MLD) L4-5 and L5-S1 on 10-1-2014 and left lumbar radiculopathy. Treatment to date has included chiropractic treatment, surgery, lumbar epidural injection, acupuncture, magnetic resonance imaging (MRI) and medication. According to the progress report dated 7-14-2015, the injured worker complained of burning, stabbing low back pain. He rated his pain as seven out of ten. He reported aching pain and numbness down the back of his left lower extremity to his foot. Physical exam revealed tenderness to palpation over the lower lumbar midline at the incision site as well as bilateral paraspinals. Range of motion of the lumbar spine was decreased in all planes. Sensation was decreased in the left L5 dermatome and hypersensitive in the left L4 dermatome. Straight leg raise was positive on the left. Authorization was requested for purchase of spinal cord stimulator, quantity 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator purchase, quantity: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

Decision rationale: With regard to spinal cord stimulators, the MTUS CPMTG states: "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. 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) It is not clear if this is a request for a trial or permanent implantation. The medical records submitted for review do not contain any documentation of successful trial. If the request is for trial stimulator, the request for quantity 2 is not appropriate. The request is not medically necessary. Furthermore, psych evaluation must be completed beforehand, not concurrently.