

Case Number:	CM15-0166733		
Date Assigned:	09/04/2015	Date of Injury:	07/30/2001
Decision Date:	10/07/2015	UR Denial Date:	08/03/2015
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old female sustained an industrial injury to the back and neck on 10-15-01. Previous treatment included cervical fusion (1998), removal of hardware (2011), lumbar fusion, physical therapy, injections, epidural steroid injections, spinal cord stimulator trial, home exercise and medications. Magnetic resonance imaging cervical spine (9-11-09) showed disc bulges with foraminal stenosis. Magnetic resonance imaging lumbar spine (4-2-08) showed central or foraminal stenosis. In a pain management follow-up evaluation dated 7-20-15, the injured worker complained of ongoing neck pain with radiation to both upper extremities, rated 8 out of 10 on the visual analog scale associated with headaches and low back pain with radiation to bilateral lower extremities. A recent epidural steroid injection was minimally beneficial. Physical exam was remarkable for cervical spine with tenderness to palpation with decreased range of motion, decreased sensation along the left arm and fingers and decreased upper extremity deep tendon reflexes and lumbar spine with tenderness to palpation with increased muscle rigidity, multiple trigger points and decreased range of motion. Current diagnoses included status post cervical spine fusion, left upper extremity radiculopathy, probably cervical spine spondylosis with radiculopathy in the left upper extremity, status post lumbar fusion, status post removal of hardware cervical spine, successful lumbar spine spinal cord stimulator and medication induced gastritis. The physician noted that the injured worker underwent a successful spinal cord stimulator trial in 2011 but had significant positional changes that annoyed her and for that reason, she did not proceed forward with permanent implant. The injured worker reported 50 to 60% pain relief with spinal cord stimulator, requiring 30% less pain medications;

however, the injured worker did not like the paresthesia sensation. The physician noted that the injured worker required her current medications (Oxycontin, Anaprox, Norco, Fexmid, Prilosec, Doral and Prozac) to function and perform activities of daily living. The physician stated that the injured worker's low back pain had been progressively worsening with significant left lower extremity radiculopathy. The injured worker received psychological clearance for a spinal cord stimulator trial on 7-20-15. The injured worker was interested in the new Neuro ultra-high frequency paresthesia free spinal cord stimulator system. The treatment plan included a spinal cord stimulator trial with the new system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro SCS trial lumbar: 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): Implantable drug-delivery systems (IDDSs), Spinal cord stimulators (SCS).

Decision rationale: The patient presents with pain in the cervical spine that radiates to the bilateral upper extremities, and pain in the lumbar spine that radiates to the bilateral lower extremities. The request is for NEURO SCS TRIAL LUMBAR. Patient is status post cervical discectomy and fusion, 03/1998, and lumbar fusion surgery, date unspecified. Physical examination to the cervical spine on 04/07/15 revealed tenderness to palpation to the posterior cervical musculature, left greater than right. Range of motion was noted to be limited. Examination to the lumbar spine revealed tenderness to the paraspinals bilaterally. Range of motion was decreased in all planes. Per 07/20/15 progress report, patient's diagnosis include status post cervical discectomy and fusion C6-7, March 1998 with cervical plate; left upper extremity radiculopathy; probable cervical spondylosis at C5-6 with radiculopathy in the left upper extremity; status post L4-5 posterior interbody fusion; status post removal of retained intracervical plate at C6-7 with ACDF C5-6 on January 18, 2011; successful lumbar spine stimulator trial, October 10, 2011; medication induced gastritis. Patient's work status was not specified. The MTUS Guidelines, page 101, under Indications For Stimulator Implants has the following: 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. The MTUS Guidelines, pages 105 to 107, Spinal Cord Stimulators (SCS) section has the following: Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful temporary trial. The MTUS Guidelines, page 101, Psychological Evaluations, IDDS and SCS (Intrathecal Drug Delivery Systems and Spinal Cord Stimulators) section states the following: "Recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. In progress report dated 07/20/15, treater states that the patient had a significantly positive spinal cord stimulator trial with pain relief of 50-70% and the ability to increase her activities and 30% reduction in pain medication. Patient's diagnosis includes successful lumbar spine stimulator trial, October 10, 2011. Given the patient's continued pain and radicular symptoms resulting from prior lumbar and cervical spine surgeries, as well as prior success with trying a spinal cord stimulator, the request would be indicated. However, MTUS page 101 recommends psychological evaluation prior to a spinal cord stimulation trial, which has not been provided in the patient's medical records. This request is not in accordance with guideline recommendations and therefore, IS NOT medically necessary.

Transportation to and from office visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services - California.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter under Transportation (to & from appointments) and Other Medical Treatment Guidelines www.aetna.com : transportation AETNA.

Decision rationale: The patient presents with pain in the cervical spine that radiates to the bilateral upper extremities, and pain in the lumbar spine that radiates to the bilateral lower extremities. The request is for TRANSPORTATION TO AND FROM OFFICE VISIT. Patient is status post cervical discectomy and fusion, 03/1998, and lumbar fusion surgery, date unspecified. Physical examination to the cervical spine on 04/07/15 revealed tenderness to palpation to the posterior cervical musculature, left greater than right. Range of motion was noted to be limited. Examination to the lumbar spine revealed tenderness to the paraspinals bilaterally. Range of motion was decreased in all planes. Per 07/20/15 progress report, patient's diagnosis include status post cervical discectomy and fusion C6-7, March 1998 with cervical plate; left upper extremity radiculopathy; probable cervical spondylosis at C5-6 with radiculopathy in the left upper extremity; status post L4-5 posterior interbody fusion; status post removal of retained intracervical plate at C6-7 with ACDF C5-6 on January 18, 2011; successful lumbar spine stimulator trial, October 10, 2011; medication induced gastritis. Patient's work status was not specified. ODG-TWC guidelines, Knee chapter under Transportation (to & from appointments) states: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport (CMS, 2009)." www.aetna.com: transportation AETNA has the following guidelines on transportation: "The cost of transportation primarily for and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient

cannot travel alone and requires assistance of a nurse or companion." In progress report dated 04/07/15, the treater states that the patient resides 150 miles away from treater's office and she is unable to drive for long periods of time due to her ongoing neck and back pain. ODG Guidelines recommend transportation services for appointments in the same community for patients with disabilities preventing them from self-transport. In this case, the patient does not reside in the same community as the treater's office and there is no mention that the patient has disabilities preventing her from self-transport other than for subjective pain. There is also no explanation as to why the patient is not able to find a physician closer to home, rather than having to drive 150 miles. Therefore, the request IS NOT medically necessary.