

Case Number:	CM15-0180703		
Date Assigned:	09/22/2015	Date of Injury:	11/03/2011
Decision Date:	10/30/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/14/2015

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:

The injured worker is a 56 year old female, who sustained an industrial-work injury on 11-3-11. She reported initial complaints of back pain. The injured worker was diagnosed as having degeneration of thoracic or lumbar intervertebral disc, lumbar strain and sprain, and L4-5 left lateral recess stenosis. Treatment to date has included medication, physical therapy, acupuncture, chiropractic treatments, transcutaneous electrical nerve stimulation (TENS) unit, and ESI (epidural steroid injection). The epidural injection reported 70 percent pain relief for 2 months. MRI results were reported on 9-6-13 of the lumbar spine documented mild degenerative bone, disk, and joint changes at L4-5 and L5-S1 without significant spinal stenosis or foraminal narrowing. Currently, the injured worker complains of need to proceed with dorsal column stimulator trial per recommendation of the psychologist She is having chronic lower back and left leg pain. Medication included Norco. Per the primary physician's progress report (PR-2) on 8-28-15, exam noted tenderness to palpation in the left trochanteric bursa area, normal range of motion, extension was 10-30 degrees with increased pain and lateral bend to the left was 10-30 degrees, normal muscle strength, and intact sensation to all extremities. Straight leg raise was positive in the left leg and Patrick's test was positive in the left hip. Current plan of care includes spinal cord stimulator trial and mediation. The Request for Authorization date was 9-3-15 and requested service to include Dorsal column spinal cord stimulator trial #1. The Utilization Review on 9-9-15 denied the request due to not meeting diagnostic criteria for spinal cord stimulation, per CA MTUS (California Medical Treatment Utilization Schedule).

IMR ISSUES, DECISIONS AND RATIONALES

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

Dorsal column spinal cord stimulator trial #1: 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: The current request is for a DORSAL COLUMN SPINAL CORD STIMULATOR TRIAL #1. The RFA is dated 08/31/15. Treatment to date has included medication, physical therapy, acupuncture, chiropractic treatments, transcutaneous electrical nerve stimulation (TENS) unit, and ESI (epidural steroid injection). 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." 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. 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. Per report 08/28/15, the patient presents with chronic low back and left hip pain. Physical examination noted tenderness to palpation in the left trochanteric bursa area, positive SLR in the left leg and Patrick's test was positive in the left hip. The listed diagnoses include degeneration of thoracic or lumbar intervertebral disc, lumbar strain and sprain, and L4-5 left lateral recess stenosis. Current plan of care includes spinal cord stimulator trial and refill of medications. The treater states that the patient underwent a Psychological evaluation on 08/06/15, and the psychologist recommended the patient proceed with the dorsal column stimulator trial. In this case, the patient does not meet any of the indications, set forth by MTUS, for a trial spinal cord stimulator. There is no indication of prior lumbar surgery, CRPS, post amputation, post herpetic neuralgia, spinal cord injury dysesthesias, MS, or peripheral vascular disease. Therefore, this request IS NOT medically necessary.