

Case Number:	CM15-0184769		
Date Assigned:	09/25/2015	Date of Injury:	11/15/2010
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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 54 year old male, who sustained an industrial injury on November 15, 2010. Medical records indicate that the injured worker is undergoing treatment for shoulder-arm sprain-strain, right shoulder impingement and acromioclavicular joint sprain-strain, myospasms and myofascial trigger points, failed back surgery and depressive disorder. The injured worker was noted to be retired. On (8-7-15) the injured worker complained of neck pain and low back pain radiating to the right lower extremity. The pain was rated 8 out of 10 on the visual analogue scale. The injured worker also noted that his shoulder pain had decreased significantly with acupuncture treatments and physical therapy. Examination of the lumbar spine revealed tenderness to palpation over the bilateral lumbosacral paraspinal muscles with myospasms and myofascial trigger points. Range of motion was decreased. Right shoulder examination revealed tenderness to palpation and crepitus with movement over the acromioclavicular joint. Treatment and evaluation to date has included medications, psychiatric treatments, acupuncture treatments, physical therapy, home exercise program, spinal cord stimulator trial (2014) and two lumbosacral surgeries. A progress note dated 8-7-15 states that the injured worker had an 80-85 percent improvement in his overall pain and was able to reduce his pain medications with the spinal cord stimulator trial. The injured worker was noted to have had a spinal cord stimulator placed two months prior and had been using the spinal cord stimulator with extremely good results. The injured worker has been able to increase his physical activity and lost 12 pounds. Current medications include Oxycodone, Percocet, anti-depressant medication and sleep medication. Current requested treatments include one spinal cord stimulator generator and one

spinal cord stimulator implant with 8 contact leads. The Utilization Review documentation dated 9-10-15 non-certified the request for one spinal cord stimulator generator and one spinal cord stimulator implant with 8 contact leads.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) spinal cord stimulator generator: Overturned

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): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), Spinal cord stimulators (SCS).

Decision rationale: The patient presents with neck pain and pain in the low back radiating to the right lower extremity. The request is for ONE (1) SPINAL CORD STIMULATOR GENERATOR. Patient is status post lumbar spine surgery, date unspecified. Physical examination to the lumbar spine on 08/07/15 revealed tenderness to palpation to the lumbosacral paraspinal muscles, right greater than left, with myospasm and myofascial trigger points with referral pattern. Range of motion was restricted with pain. Per 09/02/15 progress report, patient's diagnosis include failed back surgery, sprain shoulder/arm, and depressive disorder. Patient's medications, per 08/07/15 progress report include Oxycodone, Percocet, unspecified anti-depressant and sleep medications. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment 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 Chronic Pain Medical Treatment 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. MTUS Chronic Pain Medical Treatment 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 progress report dated 08/07/15, treater states the patient "had a spinal cord stimulator two

months ago. He has been using the stimulator since that time and reports extremely good results. The patient states that he has 80-85% improvement in his overall pain and has been able to reduce his pain medication." MTUS guidelines recommend Spinal Cord Stimulators (SCS) for patients with failed back syndrome, CRPS, post amputation pain, and peripheral vascular disease. In this case, the patient is diagnosed with failed back surgery and has trialed SCS. The patient appears to have had a successful trial, with appropriate diagnosis of failed back. The request IS medically necessary.

One (1) spinal cord stimulator implant with 8 contact leads: Overturned

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), Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

Decision rationale: The patient presents with neck pain and pain in the low back radiating to the right lower extremity. The request is for ONE (1) SPINAL CORD STIMULATOR IMPLANT WITH 8 CONTACT LEADS. Patient is status post lumbar spine surgery, date unspecified. Physical examination to the lumbar spine on 08/07/15 revealed tenderness to palpation to the lumbosacral paraspinal muscles, right greater than left, with myospasm and myofascial trigger points with referral pattern. Range of motion was restricted with pain. Per 09/02/15 progress report, patient's diagnosis include failed back surgery, sprain shoulder/arm, and depressive disorder. Patient's medications, per 08/07/15 progress report include Oxycodone, Percocet, unspecified anti-depressant and sleep medications. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment 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 Chronic Pain Medical Treatment 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. MTUS Chronic Pain Medical Treatment 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 progress report dated 08/07/15, treater states the patient "had a spinal cord stimulator two months ago. He has been using the stimulator since that time and reports extremely good results. The patient states that he has 80-85% improvement in his overall pain and has been able to reduce his pain medication." MTUS guidelines recommend Spinal Cord Stimulators (SCS) for patients with failed back syndrome, CRPS, post amputation pain, and peripheral vascular disease. In this case, the patient is diagnosed with failed back surgery and has trialed SCS. The patient appears to have had a successful trial, with appropriate diagnosis of failed back. The request IS medically necessary.