

Case Number:	CM15-0194502		
Date Assigned:	10/08/2015	Date of Injury:	03/02/2012
Decision Date:	11/23/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/02/2015

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 58 year old male, who sustained an industrial injury on 3-2-12. The injured worker was diagnosed as having post-laminectomy syndrome. Treatment to date has included status post anterior lumbar fusion at L5 and S1 (5-19-14), physical therapy, lumbar epidural steroid injection (12-4-14); status post anterior L5-S1 interbody fusion with new instrumentation and posterior left L5-S1 laminectomy (5-14-15) and medications. Diagnostics studies included MRI lumbar spine (10-3-14). Currently, the PR-2 notes dated 9-10-15 indicated the injured worker returned to the office for a follow-up visit. The provider notes the injured worker is struggling with some back and some left leg pains. The provider documents "the patient completed a MRI scan of the lumbar spine as far back as 10-3-14. There is no residual nerve root compression. Examination disclosed a depressed gentleman who ambulates slowly and guardedly. Active voluntary range of motion of the thoracolumbar spine are severely limited. The patient could only forward flex to approximately 20 degrees and extend to 5 to 10 degrees before stopping to complain of back pain. Lateral bending was also limited significantly to approximately 5 degrees before the patient stopped to complain of pain. Straight leg raising test was slight -to-moderately positive on the left, negative on the right. Motor examination was felt to be normal in all major muscle groups of the lower extremities. Sensory examination was normal to light touch, no pathologic reflexes were evident. Hip range of motion was full bilaterally. No groin or thigh pain was experienced upon range of motion of the hips." The injured worker is status post anterior lumbar fusion at L5 and S1 on 5-19-14 and then most recently a status post anterior L5-S1 interbody fusion with new instrumentation and posterior left

L5-S1 laminectomy on 5-14-15. The provider notes he had a discuss with the injured worker regarding his condition and notes medications have been denied even though they have been proven to be of some value. The provider documents a VAS score being reduced to "23" due to no medications. The PR-2 note dated 8-26-15 is hand written and difficult to decipher. It appears to indicate "Pain management consultation, left leg pain and numbness 80% and total low back pain 20% of total pain. Taking Vicoprofen 4-5 a day; Lyrica 75mg BID, Omeprazole and Voltaren". He is recommending an authorization for a trial spinal cord stimulator for a diagnosis of "post-laminectomy syndrome lumbar spine status post lumbar L5-S1 lami with ACIF." The medical documentation submitted for this review did not include a psychological consult in support of the requested trial for a spinal cord stimulator. A request for authorization dated 10-2- 15 has been received for a Trial Spinal Cord Stimulator. A Utilization Review letter is dated 9- 23-15 and non-certified the request for a Trial Spinal Cord Stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Intrathecal drug delivery systems, medications, Psychological evaluations, Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

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 was injured on 03/02/12 and presents with back pain and left leg pain. The request is for Trial of spinal cord stimulator. The RFA is dated 09/21/15 and the patients' current work status is not provided. 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 (Intrarhecal 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. The patient is diagnosed as having postlaminectomy syndrome. Treatment to date includes status post anterior lumbar fusion at L5 and S1 (5-19-14); physical therapy; lumbar epidural steroid injection (12-4-14); status post anterior L5-S1 interbody fusion with new instrumentation and posterior left L5-S1 laminectomy (5-14-15). Regarding Spinal Cord Stimulators (SCS), the MTUS guidelines recommend for patients with failed back syndrome, CRPS, post amputation pain, and peripheral vascular disease. In this case, the treater has documented that the patient has postlaminectomy syndrome. 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.