

Case Number:	CM15-0199578		
Date Assigned:	10/14/2015	Date of Injury:	09/29/2008
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/10/2015

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 60-year-old female, with a reported date of injury of 09-29-2008. The diagnoses include displacement of lumbar intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, thoracic or lumbar neuritis or radiculitis, low back pain, neck sprain, degeneration of lumbar or lumbosacral intervertebral disc, myalgia and myositis, and lumbosacral sprain. Treatments and evaluation to date have included Latuda, Trazadone, Norco, Naproxen, Neurontin, and Effexor. The diagnostic studies to date have included CT scan of the lumbar spine on 03-26-2010 which showed multilevel disc bulge, right-sided neural foraminal narrowing at L4-5, bilateral neural foraminal narrowing at L5-S1, facet degenerative changes at multiple facet joints, and scoliosis; and an MRI of the cervical spine on 03-02-2009 which showed prominent central canal within the cervical cord beginning at the C5-C7 level. The medical report dated 09-01-2015 indicates that the injured worker had persistent low back pain, which was rated 6 out of 10 (07-28-2015 and 09-01-2015). The physical examination showed mildly distressed; an antalgic gait on the left; hypolordotic lumbar spine; mild to moderate misalignment; stiffness and soreness of the intervertebral disc and the lumbar spine; and reduced range of motion of the thoracolumbar spine with pain. The evaluation for spinal cord stimulator report dated 06-10-2015 indicates that psychologically, the injured worker appeared to be a good candidate for a trial of the spinal cord stimulator; and she was motivated to find a source of pain relief. The request for authorization was dated 09-10-2015. The treating physician requested a spinal cord stimulator trial. On 09-17-2015, Utilization Review (UR) non-certified the request for a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal Cord stimulators (SCS).

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) Review of the documentation submitted for review did not reveal any indications for stimulator implantation nor for a stim trial. Furthermore, per progress report dated 6/10/15, it was noted that the injured worker's pain was worst in her low back area. There was no description of lower extremity neuropathic pain. The above citation applies to a permanent request; there is no information given regarding any indication for a trial request. The request is not medically necessary.