

Case Number:	CM15-0200179		
Date Assigned:	10/15/2015	Date of Injury:	08/04/2000
Decision Date:	12/02/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/12/2015

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, Hawaii

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 8-4-00. The injured worker was diagnosed as having cervical sprain and strain, cervical disc herniation, lumbar sprain and strain, lumbar paraspinal muscle spasms and disc herniation, lumbar radiculitis and radiculopathy of the lower extremities, sacroiliitis of the left sacroiliac joint, and chronic pain. Treatment to date has included a home exercise program and medication including Norco, Morphine Sulfate, Terocin patches, and Terocin lotion. On 8-12-15 physical examination findings included limited range of motion in the cervical spine with weakness in bilateral upper extremities. Limited range of motion in the lumbar spine was noted as well as weakness, tingling, and numbness in bilateral legs. On 8-12-15 the treating physician noted "failure of further improvement using TENS unit has been reported." On 8-12-15, the injured worker complained of neck pain with muscle spasms, frequent headaches, and tingling and numbness in the arms with weakness. The treating physician requested authorization for P-Stim x4 for the cervical spine, lumbar spine, and left sacroiliac joint. On 9-23-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

P-Stim x 4 for the Cervical Spine, Lumbar Spine and Left Sacroiliac Joint: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/17187468> - Expert Rev Med Devices. 2007 Jan; 4(1):23-32. P-Stim auricular electroacupuncture stimulation device for pain relief.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

Decision rationale: The records indicate that the patient has severe neck pain as well as frequent headaches with blurry vision associated with progressive neck pain with limited range of motion associated with severe muscle spasm as well as tingling and numbness in the arms. The tingling and numbness in the cervical region as well as weakness in the arms is progressing while carrying objects, writing or grasping. Additional complaints include limited range of motion in the lumbar spine with numbness and tingling in both legs. The current request is for percutaneous neurostimulators x4. The attending physician report dated 8/12/15, page (6b), states, "treatments as soon as possible, based on the progressive radiculitis, radiculopathy to the lower extremities." The CA MTUS has this to say regarding spinal cord stimulation: 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) In this case, the attending physician provides no evidence that the patient is truly suffering from radiculopathy. There are no MRI reports available for review which would indicate the patient is suffering from nerve root impingement from cervical or lumbar HNP or from central or lateral recess stenosis. There are no focal neurological deficits noted on physical examination such as diminished reflex testing, decreased muscle strength, or decreased sensation in a dermatomal distribution. There is no indication of failed back surgery, CRPS, Post amputation pain, Post herpetic neuralgia, spinal cord injury dysesthesia, or peripheral vascular disease. The available medical records do not establish medical necessity for the request of P-stimulation x4 for the cervical spine, lumbar spine and left SI joint.