MAXIMUS Federal Services

Case Number:	CM15-0201190		
Date Assigned:	10/16/2015	Date of Injury:	04/16/2007
Decision Date:	11/24/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 35 year old male, who sustained an industrial injury on 4-16-2007. The injured worker is being treated for chronic intractable lower back pain with bilateral lower extremity pain, and persistent left leg pain and numbness. Treatment to date has included multiple surgical interventions of the lumbar spine, medications and physical therapy. Per the Primary Treating Physician's Progress Report dated 9-01-2015, the injured worker presented for follow-up. He has been authorized to proceed with a permanent spinal cord stimulator. He had a previous trial and found significant relief of his left leg pain and is now ready to have the permanent spinal cord stimulator placed. Objective findings were "grossly unchanged." Motor exam revealed 5 out of 5 strength in all bilateral lower extremity muscle groups. Work status was permanent and stationary. The plan of care included a permanent spinal cord stimulator. On 9- 18-2015, Utilization Review non-certified a request for repeat spinal cord stimulator trial x one week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat spinal cord stimulator trial x 1 week: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 106-107 states that it is recommended only for selected patients when less invasive procedures have failed or are contraindicated for specific conditions and when there is a successful temporary trial. Those conditions are as stated below. 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. In this case the patient does meet CA MTUS criteria based on failed back syndrome for a spinal cord stimulator trial. He has back and leg pain after 3 separate spine surgeries. A trial is reasonable to attempt prior to possible implanted spinal cord stimulator. Therefore, the request is medically necessary and the determination is for certification.