

Case Number:	CM15-0022288		
Date Assigned:	02/11/2015	Date of Injury:	11/15/2005
Decision Date:	03/31/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/05/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency Medicine

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 52 year old female who sustained an industrial injury on 11/15/05 involving the back. She currently complains of constant, achy, burning back pain with radiation into the right greater than left leg and right knee. The pain is increasing in severity with a pain intensity of 8/10. Medications include Dilaudid, morphine, amitriptyline, Soma, tizanidine, oxycodone and oxycontin. Her laboratory evaluations are consistent with medications prescribed. She is able to perform activities of daily living with medications. Diagnoses include radiculopathy; failed back syndrome, lumbar; chronic pain syndrome; piriformis syndrome; instability, sacroiliac; knee/ lower leg pain; lesion of ulnar nerve; anterior cruciate ligament replacement right knee. Treatments to date include right sacroiliac joint injection (7/18/14), medications. Progress note dated 12/22/14 indicates a request for dorsal column stimulator trial (Boston Scientific technology) with two 8 electrode leads due to the injured workers chronic intractable pain that requires medication management. In the past she attempted dorsal column stimulator in the past (Medtronic technology) without any pain relief. On 1/6/15 Utilization Review non-certified the request for Dorsal Column Stimulator trial with two 8 electrode leads citing MTUS: Chronic pain Medical Treatment Guidelines and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dorsal Column Stimulator Trial with Two 8- Electrode Leads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107,101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Spinal Cord Stimulators

Decision rationale: Spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, after a successful temporary trial and for the following indications: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: (1) symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); (2) psychological clearance indicates realistic expectations and clearance for the procedure; (3) there is no current evidence of substance abuse issues; (4) there are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. Estimates are in the range of 40-60% success rate 5 years after surgery. 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 due to potential complications and limited literature evidence. 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 there is documentation that previous trial with dorsal column stimulator was not successful. Lack of past success is an indicator that future success is unlikely. In addition there is no documentation that the patient has received psychological clearance for the treatment. The request should not be authorized.