

Case Number:	CM15-0029201		
Date Assigned:	02/23/2015	Date of Injury:	01/18/2011
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/17/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51-year-old male, who sustained an industrial injury on 01/18/2011. He has reported an injury to the lumbar spine secondary to lifting an overweight person. Diagnoses include status post prior spinal fusion surgery, low back pain, and lumbar spondylosis. Treatment to date has included medication regimen, magnetic resonance imaging of the thoracic and lumbar spine, above listed surgery, physical therapy, injections, and nerve blocks. In a progress note dated 12/15/2014 the treating provider reports low back pain that radiates to the bilateral legs anteriorly with numbness to the feet. The pain is rated a six to seven out of ten. The treating physician requested spinal cord stimulator trial to alleviate low back and low extremity pain, increase his function, decrease his opioid use, and increase his quality of life. The treating physician also noted that previous treatments have been ineffective in providing long-term relief of his chronic pain. On 02/11/2015, Utilization Review non-certified the requested treatments of spinal cord stimulator trial, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, Spinal Cord Stimulators (SCS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307, Chronic Pain Treatment Guidelines Spinal cord stimulators. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back -- Lumbar & Thoracic (Acute & Chronic) Chapter, Spinal cord stimulation (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 106-107.

Decision rationale: According to MTUS guidelines, spinal cord stimulator "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. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. (Mailis-Gagnon-Cochrane, 2004) (BlueCross BlueShield, 2004) See indications list 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. (Flotte, 2004)There is no documentation that the patient is suffering from any of the above indications of spinal cord stimulator. There is no evidence of failed previous surgery, radiculopathy or true neuropathic pain. The patient failed a previous spinal cord stimulator implantation. In addition, there is no clear psychiatric clearance to implant the stimulator. Therefore, the request for spinal cord stimulator trial is not medically necessary.