

Case Number:	CM15-0213820		
Date Assigned:	11/03/2015	Date of Injury:	07/17/2014
Decision Date:	12/15/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/30/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained an industrial injury on 7-17-2014. The injured worker is being treated for status post L4-5 microdiscectomy, right lower extremity radiculopathy, and post laminectomy syndrome-lumbar epidural fibrosis. Treatment to date has included surgical intervention (lumbar microdiscectomy), medications, diagnostic testing and injections. Per the Primary Treating Physician's Progress Report dated 9-25-2015, the injured worker presented for follow-up evaluation. He underwent a right L5 transforaminal epidural steroid injection on 8-21-2015 and reported up to two days of almost complete relief in the right leg and back. Subsequent to this, he did have recurrence of pain to the point that he had to go to Emergency Department (ED) twice. Magnetic resonance imaging (MRI) from the day prior to this examination was read as "L4-5 broad based disc bulge with some compression of the right L5 nerve root and lateral recess." EMG (electromyography) was "negative for radiculopathy or neuropathy." He reports benefit with the use of Lyrica. Current medications include Percocet and Lyrica. Objective findings of the lumbar spine included a small well healed midline incision. There is moderate right paraspinal tenderness to light palpation. Range of motion is markedly decreased in all directions. He experienced a moderate level of pain with range of motion. The notes from the provider do not document efficacy of the prescribed medications. Work status was temporary total disability. The plan of care included follow-up care. On 10-07-2015, Utilization Review 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: Upheld

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

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

Decision rationale: The California MTUS section on the requested service states: 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)The patient does have failed back syndrome with persistent pain complaints. However there is no documented pre-trial psychological assessment, which is necessary for this intervention. Therefore the request is not medically necessary.