

Case Number:	CM15-0216502		
Date Assigned:	11/06/2015	Date of Injury:	04/19/2004
Decision Date:	12/24/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/03/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 62 year old male who reported an industrial injury on 4-19-2004. His diagnoses, and or impressions, were noted to include: lumbar 4 area arachnoiditis (per CT myelogram); post-surgical arthrodesis status; epidural fibrosis; and chronic pain. No imaging studies were noted. His treatments were noted to include: injection therapy; back surgery (11-2004) with immediate loss of feeling in the lower extremities after surgery, and residual low back and radicular pain; medication management; and rest from work as he was noted to be disabled. The progress notes of 9-30-2015 reported complaints which included: that his worse pain was in the middle of the lower back, that radiated to his buttocks and down the left leg; severe pain in his left buttock with lying on his left side; intermittent numbness in his buttock; and of a severe decline in his quality of life and functionality. The objective findings were noted to include obesity, and the inability to elicit reflexes at the bilateral knees-ankles. The physician's requests for treatment were noted to include a spinal cord stimulator therapy trial to reduce pain and decrease the need for pain medications, both narcotic and non-narcotic, and increase functionality. No Request for Authorization was noted for electrical analysis neuro-stimulator spinal cord program, 5 day trial. The Utilization Review of 10-7-2015 the non-certified request for electrical analysis neuro-stimulator spinal cord program, 5 day 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 for 5 days: Overturned

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: According to the MTIUS, Indications for stimulator implantation include: 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. According to the documents available for review, injured worker has failed back surgery syndrome pain, an MTUS / recommended indications for the use of a spinal cord stimulator. Therefore at this time the requirements for treatment have been met, and the request is medically necessary and has been established.