

Case Number:	CM15-0216527		
Date Assigned:	11/06/2015	Date of Injury:	03/31/2008
Decision Date:	12/18/2015	UR Denial Date:	10/16/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female who sustained an industrial injury on 3-31-08. A review of the medical records indicates that the worker is undergoing treatment for other intervertebral disc degeneration-lumbar region, postlaminectomy syndrome not elsewhere classified, spondylolisthesis-lumbar region and history of discectomy (2009). Subjective complaints (10-12-15) include back pain and severe pain in the right lower extremity. Pain is rated at 9-10 out of 10 and with medications at 6 out of 10. It is noted, the worker would like to move forward with the trial of spinal cord stimulation to see if she can get some pain relief in the right leg. Objective findings (10-12-15) include an antalgic gait, positive straight leg raise (right), lumbar spine spasm and guarding, and decreased sensation in the right S1 dermatome. An MRI of the lumbar spine done 7-9-12 revealed an impression of: "interval resolution of the cyst in the right lateral recess at L4-L5 level. Interval decrease in the right paramedian disc protrusion at L4-5. Stable severe central and bilateral spinal stenosis at the L4-5 level associated with right epidural scar surrounding the right L5 nerve root. Stable severe bilateral L5-S1 neural foraminal stenosis with right epidural scar surrounding the right S1 nerve root." Current medications are Morphine, Norco, Lyrica, Fioricet, and Xanax. Previous treatment includes medication, lumbar epidural steroid injection (7-7-15-without reported significant improvement), physical therapy (reported as painful), and a home exercise program. A request for authorization is dated 10-13-15. The requested treatment of a spinal cord stimulator trial, dorsal stimulator trial, trial lead, electronic analysis of pump, fluoroscopic guidance, and intravenous sedation was non-certified on 10-16-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial, dorsal column stimulator trial, trial lead, electronic analysis of pump, fluoroscopic guidance, IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, ACOEM Chapter 6, page 115.

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

Decision rationale: The MTUS Guidelines recommend the use of spinal cord stimulator only after careful counseling and should be used in conjunction with comprehensive multidisciplinary medical management. It is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. The indications for stimulator implantation include 1) failed back syndrome. 2) complex regional pain syndrome or reflex sympathetic dystrophy. 3) post amputation pain. 4) post herpetic neuralgia. 5) spinal cord injury dysesthesias. 6) pain associated with multiple sclerosis. 7) peripheral vascular disease. SCS is a reasonably effective therapy for many patients suffering from neuropathic pain for which there is no alternative therapy. The National Institute for Health and Clinical Excellence (NICE) of the UK just completed their Final Appraisal Determination (FAD) of the medical evidence on spinal cord stimulation (SCS), concluding that SCS is recommended as a treatment option for adults with chronic neuropathic pain lasting at least 6 months despite appropriate conventional medical management, and who have had a successful trial of stimulation. Recommended conditions include failed back surgery syndrome (FBSS) and complex regional pain syndrome (CRPS). In this case there is a lack of objective documentation and imaging studies leading to a diagnosis of failed back syndrome. It is not evident that the injured worker has failed with all other conservative measures of treatment. The request for spinal cord stimulator trial, dorsal column stimulator trial, trial lead, electronic analysis of pump, fluoroscopic guidance, IV sedation is determined to not be medically necessary.