

Case Number:	CM15-0220602		
Date Assigned:	11/16/2015	Date of Injury:	06/18/2003
Decision Date:	12/24/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/10/2015

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: 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 45 year old male injured worker suffered an industrial injury on 6-18-2003. The diagnoses included cervical fusion, cervicothoracic spondylosis, lumbar intervertebral disc displacement, cervical spinal stenosis, lumbosacral spondylosis with radiculopathy and arthrodesis. On 9-10-2015 the provider noted he had near constant numbness and burning in fingertips bilaterally, He had severe neck pain with numbness and tingling in the bilateral arms with right greater than left and he can reproduce complete arm numbness with extension of the cervical spine. The provider noted the injured worker was interested in spinal cord stimulator trial for these symptoms. On 10-5-2015 the provider reported significant pain in the arms and was having a significant flare-up of right arm pain with cramping and had difficulty grasping objects with the upper extremity when the pain was severe. He had some intermittent transitory weakness in the right upper extremity. Medications in use were Exalgo, Cymbalta, Gabapentin and Dilaudid with the pain reduced to 5 to 6 out of 10 and without medication it was rated 9 to 10 out of 10. On exam he reported night sweats, headaches and severe fatigue. There was an altered gait. The lumbar spine had decreased sensation and positive bilateral straight leg raise. The cervical spine had significant tenderness with decreased sensation. Diagnostics included lumbar MRI 11-2010 and 8-28-2012, Request for Authorization date was 10-5-2015 Utilization Review on 10-12-2015 determined non-certification for Trial spinal cord stimulator with Medtronic, dorsal column stimulator trial, trial lead, electronic analysis of pump, fluoroscopic guidance, IV sedation and Psychological screening prior to the SCS trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial spinal cord stimulator with Medtronic, 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Spinal cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), Spinal cord stimulators (SCS).

Decision rationale: The request is for a trial spinal cord stimulator. The MTUS guidelines recommends a spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and only after following a successful temporary trial. It is considered 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. Per the MTUS guidelines, the indications for stimulator implantation include: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), 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. In regards to the injured worker, while there was originally a return to work following cervical fusion surgery, followed by an exacerbation that has failed conservative treatment, there are factors that suggest a spinal cord stimulator may not be of medical benefit. The medical record is unclear, but it appeared the request applied to the cervical spine. The MTUS guidelines suggest the procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. Furthermore, the MTUS guidelines recommend a psychiatric evaluation to rule out underlying issues which may impede success prior to pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. There is no documentation that suggested the injured worker had received the proper psychiatric evaluation. The request as submitted is not supported by the MTUS guidelines, the medical benefit is unclear, and therefore the request is not medically necessary.