

Case Number:	CM15-0222798		
Date Assigned:	11/18/2015	Date of Injury:	11/21/1996
Decision Date:	12/30/2015	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/12/2015

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:

The injured worker is a 50-year-old, male who sustained a work related injury on 11-21-96. A review of the medical records shows he is being treated for low back injury. In the progress notes dated 10-12-15 and 11-2-15, the injured worker reports low back pain. He rates the pain level a 4-5 out of 10 with medications and 10 out 10 without medications. His activity level has "remained the same." He has spinal cord stimulator in place. He reports, "he's pleased that his pain is only a 4 out of 10 but it was 5-7 out of 10 prior to procedure." "This is the best he's felt in quite a while." Upon physical exam dated 11-2-15, he has tenderness and trigger point noted on the right lumbar paravertebral muscles. Lumbar range of motion is restricted. Lumbar facet loading is positive on both sides. Treatments have included medications, physical therapy-mild to moderate pain relief, lumbar epidural steroid injections x 8-pain relief for 1 to 2 months, bilateral transforaminal epidural steroid injections-pain relief for 4 months, facet joint injections-ineffective and lumbar surgeries x 3. Current medications include Butalbital Comp-codeine #3, Fiorinal with Codeine #3, Flexeril and Zyrtec. He is not working. The treatment plan includes request for permanent spinal cord stimulator implant. The Request for Authorization dated 11/3/15 has request for permanent spinal cord stimulator implant. In the Utilization Review dated 11-9-15, the requested treatment of a permanent spinal cord stimulator implant with 2 leads is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent Spinal Cord Stimulator (SCS) Implant, Lead: 2 Nevro: 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: 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 does meet MTUS / recommended indications for the use of a spinal cord stimulator. Therefore, at this time the requirements for treatment have been met, and medical necessity has been established. Therefore this request is medically necessary.