MAXIMUS Federal Services

Case Number:	CM15-0035946		
Date Assigned:	03/04/2015	Date of Injury:	07/12/1996
Decision Date:	04/14/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	02/25/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 72 year old male who sustained a work related injury on July 12, 1996. There was no mechanism of injury documented. The injured worker is status post a L4-L5 lumbar fusion in 2009 and laminectomy, decompression and fusion with hardware of L3-S1 with removal of old hardware in June 2010. On September 5, 2013 an intrathecal pump replacement with morphine sulfate and Droperidol was performed. The injured worker also has a history of hypertension, obesity, diabetes mellitus, and renal cancer with nephrectomy, atrial fibrillation, current smoking habit, cognitive disorder, depression and anxiety. The injured worker was diagnosed with lumbosacral neuropathic bilateral radicular sciatic pain, status post fusion times 2 and lumbar degenerative disc disease. The physician's report dated January 6, 2015 documents that the injured worker is pleased with the sustained clinical response and improvement to the reprogramming and effects of the intrathecal pump and medication. According to the primary treating physician's progress report on February 10, 2015 the patient continues to experience low back pain radiating to the bilateral lower extremity greater on the left lower extremity. The injured worker utilizes a motorized scooter extensively. The injured worker was seen by psychology and documented as a good candidate for spinal cord stimulator (SCS). Current medications are listed as hydrocodone, Ambien, Prochlorperazine, Nuedexta and Clonazepam. Treatment modalities consist of transcutaneous electrical nerve stimulation (TEN's), intrathecal pump and medication. The treating physician requested authorization for Spinal cord stimulator (SCS) trial. On February 23, 2015, the Utilization Review denied certification for Spinal cord stimulator (SCS) trial. Citations used in the decision process were the Medical Treatment

Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulation trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic (Acute & Chronic) Chatper, Spinal cord stimulation (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 106-107.

Decision rationale: According to MTUS guidelines, spinal cord stimulator recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful. Temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. (Mailis-Gagnon-Cochrane, 2004) (BlueCross BlueShield, 2004) See indications list below. 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 thecervical 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 controversialdiagnosis.) 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) There is no documentation that the patient is suffering from any of the above indications of spinal cord stimulator. There is no evidence of failed previous surgery, radiculopathy or true neuropathic pain. Therefore, the request for Spinal cord stimulation trial is not medically necessary.