

<b>Case Number:</b>	CM15-0038756		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	07/07/2008
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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:

This 52 year old female sustained a work related injury on 07/07/2008. According to a progress report dated 02/13/2015, the injured worker was feeling worse. The provider noted that the implantation of two new leads had been denied. The injured worker was in a severe amount of pain. Her blood pressure had increased because of severe pain and she was noted to be in frank danger due to uncontrolled pain. The provider noted that on 01/15/2015, surgery was performed replacing the battery which was out, the pulse generator plus spinal cord stimulator. The surgery was uneventful. However, when attempted to reprogram, the leads were not only fractured but also had come out of the epidural space. There is no way to push them back in. The provider noted that new leads have to be implanted and that pain was severe. Diagnoses included lumbar disc disease, post laminectomy syndrome lumbar spine and fractured spinal cord stimulator leads that are now outside of the epidural space. Treatment plan included Norco, Flexeril and Nortriptyline, and request for implantation of two leads.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator release replace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator.

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

**Decision rationale:** According to MTUS guidelines, regarding spinal cord stimulators, "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 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 implant trial was successful. The data is also very strong for angina. (Flotte, 2004)" In this case, the patient underwent prior spinal cord stimulator placement (date unknown) and had a replacement of the system on January 5, 2015. However, there is no documentation of efficacy of the spinal cord stimulator. Therefore, the request for Spinal cord stimulator release replace is not medically necessary.

**New implantation of 2 spinal cord stimulation leads:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.