

Case Number:	CM15-0051176		
Date Assigned:	03/24/2015	Date of Injury:	05/12/2010
Decision Date:	05/06/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/18/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 38-year-old female who sustained an industrial injury on 5/12/10. Past surgical history was positive for L5/S1 anterior lumbar interbody fusion on 9/11/13. She underwent an initial spinal cord stimulator trial but developed a cerebral spinal fluid leak. The second spinal cord stimulator trial was performed 12/2/14. The 2/24/15 treating physician report cited low back pain radiating down the left leg. She reported a fall a week and a half ago when her left leg gave out. The injured worker reported that she received approximately 20-25% pain relief with the dorsal column stimulator, which is the same amount of relief she got with using narcotic pain medications. She reported that she was able to sleep better. She last used oral medications 9 months ago, and reported increased neuropathic leg pain and numbness since discontinuation of Lyrica. She reported strong negative side effects to oral narcotic medications. She was using Lidoderm patches with relief. Physical exam documented moderate loss of lumbar range of motion, normal lower extremity strength and deep tendon reflexes, decreased left L5 and S1 sensation, positive straight leg raise on the left, and positive Faber's test on the left. Diagnoses include status post revision lumbar fusion, failed back laminectomy syndrome, chronic left radiculopathy, and chronic low back pain. The injured worker wished to undergo permanent placement of dorsal column stimulator to the lower back, and authorization was requested. The 3/6/15 utilization review non-certified the request for permanent placement of dorsal column stimulator to the bilateral low back area as the trial had resulted in less than 50% pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent placement of dorsal column stimulator to the bilateral low back area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Spinal cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Spinal cord stimulators (SCS).

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. The Official Disability Guidelines provide specific indications for permanent placement of a spinal cord stimulator that requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. Guideline criteria have not been met. This injured worker underwent a guideline-recommended spinal cord stimulator trial beginning 12/2/14 and achieved a 20-25% reduction in pain with some functional improvement noted. The injured worker had not taken oral medications in 9 months. The level of pain relief reported does not meet guideline criteria to establish the medical necessity for permanent placement of a spinal cord stimulator. Therefore, this request is not medically necessary.