

Case Number:	CM15-0055368		
Date Assigned:	03/30/2015	Date of Injury:	12/10/2002
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/23/2015

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: Family Practice

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 47 year old male, who sustained an industrial injury on 12/10/02. He has reported a back and foot injury after being struck by falling rocks of cement and steel. The diagnoses have included lumbago, lumbar disc displacement, and lumbosacral neuritis. Treatment to date has included medications, surgery, pain management, physical therapy, conservative measures and Home Exercise Program (HEP). Surgery has included lumbar fusion. The x-rays of the lumbar spine were done on 7/9/13. The current medications included Duloxetine, Linzess, Methadone, Neurontin, Norco, Nuvigil, Prilosec and Wellbutrin. Currently, as per the physician progress note dated 1/8/15, the injured worker complains of back pain that was aching, burning, sharp, and spasming. He complains of back stiffness with numbness right and left leg and radicular pain and weakness in the right and left leg. It was noted that the injured worker noted substantial benefit of the medications and his neuropathic dysthesias symptoms were worsening. The lumbosacral exam revealed positive pelvic thrust on the right, positive Faber maneuver bilaterally, lumbar pain with palpation, positive stork test bilaterally and pain over the sacroiliac joint. The straight leg test was positive right and left side with pain radiating to the right and left buttocks. It was noted that he was markedly worse from prior evaluations. The work status was permanent and stationary. The physician requested treatment includes a Spinal Cord Stimulator Trial, QTY: 1 for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial, QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator & Psychological Evaluations, IDDS & SCS Page(s): 105-106 and 101.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the criteria for the use of a spinal cord stimulator. Spinal cord stimulators are 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. The MTUS indications for stimulator implantation are as follows: 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. 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 MTUS guidelines also comment on the requirement for a psychological evaluation even when the patient meets the above criteria for a spinal cord stimulator. The requirement for a psychological evaluation is as follows: Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. In this case, the records indicate that the patient has been referred for a psychological evaluation after the treating physician received feedback from the Utilization reviewer; however, the records do not yet include the outcome of this evaluation. For this reason, a spinal cord stimulator trial is not considered as medically necessary.