

Case Number:	CM15-0058930		
Date Assigned:	04/03/2015	Date of Injury:	04/24/2001
Decision Date:	05/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/27/2015

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: Physical Medicine & Rehabilitation

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 59-year-old male injured worker suffered an industrial injury on 04/24/2001. The diagnoses included chronic mononeuritis of the leg. The injured worker had been treated with medications. On 3/16/2015, the treating provider reported the symptoms were severe, chronic and poorly controlled. The spinal cord stimulator leads have migrated beyond the point of providing adequate pain control. The device is also at end of life. The injured worker reported weakness, gait disturbance and numbness to the left extremity. The treatment plan included spinal cord stimulator revision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Revision: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulation psychological evaluation Page(s): 105-107, 101.

Decision rationale: Based on the 03/16/15 progress report provided by treating physician, the patient presents with extremity weakness, numbness, and back pain. The request is for SPINAL CORD STIMULATOR REVISION. Patient's diagnosis per Request for Authorization form dated 03/17/15 includes lower limb mononeuritis and cardiovascular disease. Patient has antalgic gait. Physical examination on 03/06/15 revealed tenderness to palpation at IPG ([Implantable Pulse Generator) site in the left upper buttock, as well as left greater trochanteric bursitis. Range of motion painful and restricted in the lumbar spine and bilateral hips. Patient's medications include Norco, Lidoderm patches and Voltaren gel. Work status not available. MTUS Guidelines page 105 to 107 states that spinal cord stimulation is "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Indications for stimulator implantation are failed back surgery syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis, and peripheral vascular disease. 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) MTUS page 101 states that psychological evaluation is "recommended pre-intrathecal drug delivery systems and spinal cord stimulator trial." Treater has not provided reason for the request. Per progress report dated 01/15/14, patient states "the SCS is really not working that well," and "he rarely uses it. Coverage is poor. Re-programming did not work." Treater states the patient "may want to have it explanted." Per 09/16/14 treater report, the patient states that symptoms are fairly controlled and analgesia is adequate with medications. Treater states "the use of medications has improved the patient's quality of life and increased overall daily functionality." Per 03/16/15 treater report, patient states "the symptoms are chronic and are poorly controlled." Treater states "the IPG [Implantable Pulse Generator] has gone past ERI [electric replacement indicator] and is now in EOS [electric overstress], having been in place for over ten years. [The patient] states that if he cannot have authorization to revise the leads while replacing the IPG, he would just as soon have the device explanted, particularly since the device itself causes quite a bit of irritation at the left upper gluteal site." In this case, the patient's diagnosis is that of mononeuritis. There is no failed back, CRPS, or other diagnosis for which SCS implantation would be supported per MTUS. The patient's symptoms appear to be fairly controlled with medications as well and may not need the SCS. Non-invasive treatments do not appear to have been exhausted, either. There is no discussion that the SCS actually worked some time in the past, reducing medication and providing functional improvement. The patient has irritation from the device as well. Therefore, the request IS NOT medically necessary.