

Case Number:	CM15-0084122		
Date Assigned:	05/06/2015	Date of Injury:	12/03/2006
Decision Date:	06/08/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/01/2015

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 57-year-old female who sustained an industrial injury on 12/03/06. She was status post laminectomy and fusion L1-S1 with pelvic instrumentation in February 2014. The 10/13/14 EMG/nerve conduction study report documented electrophysiologic evidence consistent with chronic L5 radiculopathy. She underwent percutaneous spinal cord stimulator trial on 3/26/15. The 3/31/15 treating physician report documented peripheral neuropathy after her L1-S1 fusion with electrodiagnostic evidence of L4 radiculopathy. She had undergone a spinal cord stimulator and did extremely well. Pain was relieved by 50% of more, and she described it as "a miracle" that she was able to walk and rest with minimal issues. She was able to reduce medications to one Norco during the 2 days of the spinal cord stimulator trial, and that only for the localized pain secondary to surgery. Functionally, she was able to cook for a long period of time and do household work with minimal issues. Sleep was improved and her mood was much improved during the day. Pain was reported 50% improved with pain medications and the stimulator. Pain was worse with prolonged walking and standing. Physical exam documented non-antalgic gait, pain to palpation over the sacroiliac joints, normal paraspinal muscle tone, positive bilateral facet loading, and decreased Achilles reflexes. The diagnosis included lumbar post-laminectomy syndrome. The treatment plan recommended implant of the spinal cord stimulator based on the successful trial. The 4/9/15 utilization review non-certified the request for neurostimulator implant based on the neuromuscular electrical stimulation guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostim implant - EPI and implant neuro receiver: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation.

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

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. Guideline criteria have been met. This injured worker has been diagnosed with lumbar post-laminectomy syndrome and has completed a successful spinal cord stimulator trial. There was evidence of reduction in pain and medication use, and significant improvement in functional ability. Therefore, this request is medically necessary.