

Case Number:	CM13-0036109		
Date Assigned:	12/13/2013	Date of Injury:	04/22/1995
Decision Date:	02/12/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63-year-old male with a reported date of injury of 04/22/1995. The mechanism of injury was not specifically stated for this review. On 12/06/2012, this patient was taken to surgery for an anterior cervical discectomy and fusion at C3-4, C4-5, and C5-6. On 11/11/2013, a preoperative history and physical was performed for a spinal cord stimulator implant. Diagnosis was failed back surgery syndrome, lumbar spine; chronic lumbar radiculopathy; failed back surgery syndrome, cervical spine; and status post spinal cord stimulator implant. He was taken to surgery on 11/14/2013 for removal of the pulse generator. Current diagnosis includes failed back surgery syndrome, lumbar spine; and lumbar radiculopathy. Plan going forward was for neuropsychological evaluation clearance prior to pump trial, and pump trial under fluoroscopy in office.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychiatric evaluation and clearance prior to pump trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations Page(s): 101.

Decision rationale: This request is for a neuropsychiatric evaluation and clearance prior to pump trial. MTUS chronic pain guidelines state "Recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial." The submitted records do not indicate that this patient had documentation that all lesser invasive procedures had failed or were contraindicated. Specifically, MTUS Chronic Pain Guidelines indicate that indications for a stimulator implant would be failed back syndrome (persistent pain in patients who have undergone at least 1 previous back operation,) more helpful for lower extremity than low back pain. He has been physical prior to procedure on 11/14/2013, indicating his pain scale was 8/10 associated with the low back. The records do not indicate that he failed all measures of therapy, including physical therapy and individual injections, prior to the surgery. Therefore, this request is not medically necessary.

Pump trial under fluoroscopy (in office): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines stimulator implant Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines stimulator implant Page(s): 107.

Decision rationale: MTUS chronic pain guidelines state "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)... Recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial." The records do not indicate this patient had undergone a psychosocial evaluation prior to the trial. Therefore, this request is not medically necessary.