

Case Number:	CM14-0139522		
Date Assigned:	09/05/2014	Date of Injury:	01/01/1980
Decision Date:	10/09/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/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:

The injured worker is a 69-year-old male who reported an injury on 01/01/1980 caused by an unspecified mechanism. The injured worker's treatment history included urine drug screens, nerve blocks/injections, x-ray studies, MRI studies, surgery. The injured worker was evaluated on 07/29/2014 and it was documented the injured worker complained of intermittent low back pain and spasm. The injured worker stated in the past month he has had increased pain and spasm in the legs while sleeping. The injured worker informed the provider the pain medication was giving functional pain control. The pain was described as pins and needles, stabbing and numbness rated at 5/10. Duration of pain was frequent. Aggravating factor was lying down and standing. Alleviating factors were lying down and medication. Physical examination of the lumbar spine revealed right/left sitting straight leg raise was positive for the back only. Diagnoses included spondylosis, lumbar without myelopathy, lumbar discogenic spine pain, lumbar facet arthropathy, chronic pain, failed back surgery syndrome, and back pain, lumbar. The request for authorization dated 08/04/2014 was for lumbar spinal cord stimulator (SCS) trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spinal cord stimulator (SCS) trial: 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 Stimulators (SCS) Page(s): 105-107.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state stimulator are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. There is some evidence supporting the use of Spinal Cord Stimulation (SCS) for Failed Back Surgery Syndrome (FBSS) and other selected chronic pain conditions. Spinal Cord Stimulation is a treatment that has been used for more than 30 years, but only in the past five years has it met with widespread acceptance and recognition by the medical community. In the first decade after its introduction, SCS was extensively practiced and applied to a wide spectrum of pain diagnoses, probably indiscriminately. The results at follow-up were poor and the method soon fell in disrepute. In the last decade there has been growing awareness that SCS is a reasonably effective therapy for many patients suffering from neuropathic pain for which there is no alternative therapy. There are several reasons for this development, the principal one being that the indications have been more clearly identified. The enhanced design of electrodes, leads, and receivers/stimulators has substantially decreased the incidence of re-operations for device failure. Further, the introduction of the percutaneous electrode implantation has enabled trial stimulation, which is now commonly recognized as an indispensable step in assessing whether the treatment is appropriate for individual patients. These implantable devices have a very high initial cost relative to conventional medical management (CMM); however, over the lifetime of the carefully selected patient, SCS may lead to cost-saving and more health gain relative to CMM for FBSS. Fair evidence supports the use of spinal cord stimulation in failed back surgery syndrome, those with persistent radiculopathy after surgery. The guideline indications for a stimulator implantations failed back syndrome (persistent pain in patents who have undergone at least one previous back operation and are not candidates for repeat surgery), when are the following are present; symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care, analgesics, injections, physical therapy, neurologic agents; there should be a psychological clearance that indicates realistic expectations and clearance for the procedure; no current evidence of substance abuse issues; and there are no contraindications to the trial. The injured worker has not been medically cleared of a psychological consultation for a spinal cord stimulator trial. The documents submitted for review lacked evidence of the injured worker having failed back syndrome and other selected chronic pain conditions. In addition, the documents state that the injured worker has had prior physical therapy, pain medications; however, there was lack of document on submitted indicating failed treatments. There is lack of supporting evidence to warrant request for spinal cord stimulator trial. Given the above, the request for Lumbar Spinal Cord Stimulator (SCS) Trial is not medically necessary.