

Case Number:	CM14-0170557		
Date Assigned:	10/20/2014	Date of Injury:	05/07/2012
Decision Date:	11/25/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 68-year-old female who reported injury on 05/07/2012. While at work the injured worker was walking on a corridor to the mail room to pick up mail and sort. As she was walking, she tripped over the carpet and fell hard onto her left side. She had immediate low back, hip, knee, shoulder, and face pain, as well as wrist pain. The injured worker's treatment history included medications, physical therapy, and chiropractic care. In the documentation submitted it was noted that the injured worker had undergone an anterior cervical discectomy and fusion at C5-6 in 06/2000. She had a spinal cord (stimulator?) implantation in 2007. The injured worker was evaluated on 06/18/2014, and it is documented the injured worker complained of pain in the cervical spine and low back anywhere from 4/10 on the pain scale with radiating symptoms at the lower extremities. There was numbness, tingling, and weakness in the lower extremities, that are nonprogressive in nature. The injured worker said she also had difficulty with heavy lifting. The injured worker stated "rest helps relieve the pain only partially." Therapy, acupuncture, heat/cold, and medications also helped to relieve the pain. Physical examination of the cervical spine revealed there was no loss of normal cervical lordosis or any other abnormal curvatures. There was no visible deformity or stepoff. Range of motion: Flexion, extension, and lateral bending of 20 degrees in the cervical spine. The injured worker does not complain of increasing pain toward terminal range of motion. There was tenderness to palpation in the cervical spine. The lumbar spine examination revealed there was no loss of normal lumbar lordosis or any other abnormal curvatures. There was no visible deformity or stepoff. Range of motion, flexion, extension, and lateral bending of 20 degrees in the lumbar spine. The injured worker does not complain of increasing pain toward terminal range of motion. There was tenderness to palpation in the lumbar spine. The injured worker had a positive straight leg raise on the bilateral lower extremities. Physical examination revealed light

touch; intact with no dermatomal deficits bilaterally. Diagnoses included cervical strain and spasm, lumbar muscle strain and spasm with radiculopathy, and multi-joint pain in the shoulder, elbow, wrist, knee, hand, and hip. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Spinal Cord Stimulator Retrial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 83. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator (SCS) Page(s): 105-106.

Decision rationale: Spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state "column 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. 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 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 been diagnosed with chronic regional pain syndrome. The provider has requested a spinal cord stimulator based on another provider's report. Unfortunately, neither provider addressed the previous spinal cord stimulator trial and its failure or its efficacy. Furthermore, the document that was submitted failed to include a psychological clearance evaluation. As such, the request for Retrospective Request for Spinal Cord Stimulator Trial is not medically necessary.