MAXIMUS Federal Services

Case Number:	CM14-0137998		
Date Assigned:	09/05/2014	Date of Injury:	08/11/2004
Decision Date:	06/11/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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. 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: 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 55 year old female, who sustained an industrial injury on 8/11/2004, while employed as a receptionist. She reported a pop in her back when she turned to lift up a box. The injured worker was diagnosed as having chronic pain syndrome, post-laminectomy syndrome (cervical and lumbar), cervical radiculitis and spondylosis, lumbar radiculitis, displacement of cervical intervertebral disc, degeneration of lumbar intervertebral disc, carpal tunnel syndrome, pain in soft tissues, limb, and ulnar nerve lesion. A history of gastrointestinal complaints was noted. Treatment to date has included diagnostics, surgical interventions, physical therapy, and medications. On 5/06/2014, the injured worker complained of pain in her left low back, left shoulder, and neck. She rated pain 10/10 even with current medication regime. She also reported that she was losing sensation in her hands and feet and had 2 falls recently, along with increased left upper extremity weakness. Current medications included Duragesic, Topamax, Norco, and Soma. The treatment plan included implantation of a percutaneous peripheral neurostimulator for the treatment of long term and chronic pain. Urine drug screen, dated 5/08/2014, was inconsistent with prescribed medications. On 8/07/2014, she reported that pain was more tolerable with current regime, rated 7-8/10. Treatment with a percutaneous peripheral neurostimulator continued to be recommended. A Qualified Medical Evaluation, dated 2/24/2014, noted the use of medicinal marijuana.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implantation of Percutaneous Peripheral Neurostimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulation Page(s): 106-107.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 106-107 states that it is recommended only for selected patients when less invasive procedures have failed or are contraindicated for specific conditions and when there is a successful temporary trial. Those conditions are as stated below. Indications for stimulator implantation: 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. In this case the exam note from 8/7/14 of a trial having been performed or psychiatric clearance. Therefore the determination is not medically necessary.