

<b>Case Number:</b>	CM14-0219049		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: Preventive Medicine, Occupational Medicine

### 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 40- year old female, who sustained an industrial injury on August 12, 2011. She has reported that at the time of injury she was helping another worker when she slipped going down stairs and twisted her ankle. Treatment to date has included medication management, physical therapy, placement of a spinal cord stimulator and routine monitoring. Currently, the IW complains of neck pain that is intermittent and radiates down both upper extremities. Accompanying symptom included numbness, tingling and muscle spasms in the neck. Neck pain was reported to be related to headaches. Pain was described as aching, burning, dull, electric, pins and needles, sharp, stabbing and throbbing. Pain is aggravated by activity, flexion/extension, pulling, and pushing and repetitive head motions. The worker was also having difficulty sleeping. Physical exam was remarkable for slow gait, hypersensitivity in the bilateral upper and lower extremities and tenderness to palpation in the right foot. Diagnoses at this visit included complex regional pain syndrome of the upper and lower extremities and chronic pain syndrome. Treatment plan included spinal cord stimulator revision, continuation of pain medications and follow up in four weeks. On December 17, 2014, the Utilization Review decision non-certified a request for the placement of a permanent lumbar revision spinal cord stimulator, noting that this procedure was indicated in patients where less invasive procedures have failed. The documentation reflects the worker was getting 50 percent relief with pain medications. There was also lack of documentation of objective clinical findings and functional improvement or objective measurements indicating the patient's pain relief and pain medication reduction. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On December 17,

2014, the injured worker submitted an application for IMR for review of placement of a permanent lumbar revision spinal cord stimulator.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Placement of a permanent lumbar revision spinal cord stimulator: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Guidelines recommend the use of spinal cord stimulator only after careful counseling and should be used in conjunction with comprehensive multidisciplinary medical management. It is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. The indications for stimulator implantation include 1) failed back syndrome 2) complex regional pain syndrome or reflex sympathetic dystrophy 3) post amputation pain 4) post herpetic neuralgia 5) spinal cord injury dysesthesias 6) pain associated with multiple sclerosis 7) peripheral vascular disease. SCS is a reasonably effective therapy for many patients suffering from neuropathic pain for which there is no alternative therapy. The National Institute for Health and Clinical Excellence (NICE) of the UK just completed their Final Appraisal Determination (FAD) of the medical evidence on spinal cord stimulation (SCS), concluding that SCS is recommended as a treatment option for adults with chronic neuropathic pain lasting at least 6 months despite appropriate conventional medical management, and who have had a successful trial of stimulation. Recommended conditions include failed back surgery syndrome (FBSS) and complex regional pain syndrome (CRPS). The injured worker is reported to have benefit with conventional medical management, however, she had persistent symptoms and with the spinal cord stimulator trial reported greater than a 50-60% reduction in pain during the trial period. The injured worker has known right lower extremity RSD/CRPS with most likely spread of CRPS to left lower extremity. The current SCS is not covering this area, so the revision is to cover both lower extremities. The injured worker has already complete psychological evaluation and desires to proceed with permanent placement. The request for Placement of a permanent lumbar revision spinal cord stimulator is determined to be medically necessary.