MAXIMUS Federal Services

Case Number:	CM15-0112417		
Date Assigned:	06/18/2015	Date of Injury:	05/29/2009
Decision Date:	07/21/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/10/2015

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 53 year old male, who sustained an industrial injury on 5/29/2009. He reported back pain while unpacking boxes. The injured worker was diagnosed as having status post lumbar surgery x 2 in 2012, bilateral hip degenerative joint disease, L4-S1 annular tear with facet arthropathy, annular tears L1-S1, L1-2 extruded disc herniation, moderate lumbar stenosis L1-2 and L2-3, right leg radiculopathy, acromioclavicular joint arthritis left shoulder, left shoulder impingement syndrome, depression, and S1 radiculopathy. Treatment to date has included diagnostics, lumbar spinal surgery x 2 in 2012, and medications. The PR2 report (12/02/2014-pain management) noted psychiatric evaluation "about six months ago" and he was waiting for treatment for his depression. Multiple radiographic imaging reports were referenced. Spinal cord stimulator versus pain pump was discussed in 12/02/2014 visit (orthopedic spine surgery). The progress report (1/27/2015) noted reluctance for neuromodulation and noted that he was unable to attend the psychological evaluation, due to the duration of a session. On 4/07/2015, he wished to proceed with spinal cord stimulation trial. Currently (5/05/2015), the injured worker complains of neck pain radiating to the mid scapular region (rated 5-7/10), left shoulder pain (rated 7/10), and back pain, with numbness and pain radiating down the bilateral buttocks into the feet (rated 4-5/10). His pain ratings were increased to 10/10 without medications. Current medications included Colace, Dilaudid, Miralax, Zanaflex, Prilosec, Lidoderm, Anaprox DS, Pristiq ER, and Hydroyzine. A psychiatric report was referenced from 12/19/2014, noting severe depression and high risk for suicide. He was requested to have

hypnotherapy weekly x 6, with monthly follow-up visits. Psychological evaluation was not submitted. The treatment plan included spinal cord stimulation trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Spinal Cord Stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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). In this case, there is no evidence of psychological counselor about the use of a SCS. The injured worker has reportedly been approved for this treatment in the past but opted out after approval. Without proper counselor, the request for SCS is not recommended. The request for trial spinal cord stimulation is not medically necessary.