MAXIMUS Federal Services

Case Number:	CM15-0112701		
Date Assigned:	06/22/2015	Date of Injury:	07/19/2011
Decision Date:	07/24/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/11/2015

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 50-year-old male, who sustained an industrial injury on 7/19/2011. He reported acute low back pain while pulling out the stakes in a parking lot Diagnoses include left sacroiliac joint strain, lumbar disc extrusion and foraminal stenosis, and lumbar disc protrusion; additionally he has a left foot drop and is unable to dorsiflex the left foot. Treatments to date include Naproxen, Norco, Lyrica, physical therapy and epidural injections. Currently, he complained of chronic low back pain with radiation to the left leg. The pain was noted to be progressively worse. On 4/10/15, the physical examination documented no acute findings. The provider documented compression of lumbar nerves, particularly the left fifth nerve at L5 level casing neuropathic pain per MRI. The plan of care included a consultation for a second opinion for a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion consultation for spinal cord stimulator: 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) 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, the request for spinal cord stimulation has been previous denied. The injured worker does not have any of the conditions required per the guidelines for spinal cord stimulation; therefore, the request for second opinion consultation for spinal cord stimulator is determined to not be medically necessary.