

<b>Case Number:</b>	CM15-0115400		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	12/04/2009
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 65 year old male with an industrial injury dated 12-04-2009. Medical record review indicates he is being treated for onchodermatitis, post-laminectomy syndrome, and chronic pain syndrome, degeneration of lumbar intervertebral disc, episodic opioid dependence and chronic obstructive pulmonary disease. He presents on 04-27-2015 with complaints of "severe" pain in his back neck and shoulders. He describes the pain as aching, throbbing, tender, burning and exhausting. He noted it was worst first thing in the morning. His pain is rated as 9 out of 10. He noted about 30-50% pain relief with his current pain medication and felt he was getting worse. "He was told by his surgeon that no further surgical intervention can be performed but the patient would need stabilization of possible neurostimulator." Neurosurgical follow up dated 02-06-2015 notes the injured worker is approximately three years past anterior and posterior lumbar fusion. "He had six months of relief or longer and then started to slow and gradually decline to a point where he is now with significant back pain." In the neurosurgical follow up evaluation dated 04-10-2015 the provider documented: "My recommendation for him is to continue under pain management and contemplate the spinal cord stimulator or intrathecal pump to mask his pain." Lumbar spine x-rays dated 03-20-2015 were read as loosening of the bilateral transpedicular screws at the level of lumbar 4, low grade retrolisthesis of lumbar 3 on 4 and multilevel moderate severity degenerative disc changes. Prior treatment included decompression lumbar brace. "This significantly improved disability to sit, stand and walk." Other prior treatments included a cane and medications. His medications included Baclofen, Gabapentin and Oxycodone. The provider recommended the injured worker continue with current pain medications and be seen by physical therapy for TENS trial. The request for

authorization dated 04-30-2015 is for consultation, Neurostimulator trial with specialist. On 05-18-2015 the request for consultation, Neurostimulator trial with specialist was non-certified.

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

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

**Consultation, Neurostimulator trial with specialist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Indications for stimulator implantation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

**Decision rationale:** The California MTUS section on SCS states: 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". 1. 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), 2. Post amputation pain (phantom limb pain), 68% success rate, 3. Post herpetic neuralgia, 90% success rate, 4. Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury), 5. Pain associated with multiple sclerosis, and 6. 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. (Flotte, 2004) The patient does have the diagnosis of post laminectomy syndrome however ether is no included psychological clearance for this procedure and therefore the request is not certified and therefore is not medically necessary.