

Case Number:	CM15-0124024		
Date Assigned:	07/08/2015	Date of Injury:	09/24/1997
Decision Date:	08/05/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/26/2015

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: Illinois, California, Texas
 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:

This injured worker is a 69 year old female who sustained an industrial injury on 09/24/97. The mechanism of injury was not documented. Past medical history was positive for chronic obstructive pulmonary disease, Addison's disease, liver deficiency, depression hypothyroidism, cardiac issues, and osteoporosis. Past surgical history was positive for C5-7 fusion in 1998, cervical hardware removal and replacement C4-7 in 2005, L1/2 decompression and T11/12 fusion in 1997, lumbar fusion 2006, T10 vertebroplasty in 2008, C4/5 fusion with posterior instrumentation on 6/8/10, and anterior and posterior lumbar fusion T11-S1 on 8/22/06. Records indicated that she had a severe 40 degree anterior kyphosis at the joint immediately superior to the end of the rodding in her thoracic spine. Psychiatric clearance for the spinal cord stimulator trial was documented on 2/13/15. The injured worker presented for a percutaneous spinal cord stimulator trial on 4/7/15. The surgeon attempted to thread the catheter at multiple locations but encountered significant blockage. It was decided to abandon the trial to avoid harm and opt for an open trial. The 6/05/15 treating physician report documented a recent abortive attempt to place a percutaneous spinal cord stimulation. The injured worker and severe neck, back and lower extremity pain, with severe anterior sagittal imbalance. She was able to ambulate and had good strength. Medications included Gabapentin, Lidocaine patches, and Norco. She underwent a CT myelogram of the entire spine on 5/22/15 which demonstrated anterior posterior cervical fusion with some degenerative changes and canal narrowing. There was anterolisthesis at the cervicothoracic junction that would complicate posterior decompression. There was good thoracolumbar fusion with broken pedicle screws at L2/3. The treating physician report opined

that if they went above this level at T7/8 with a T8 laminectomy, they would be able to insert a paddle lead if they extended into the right flank with the generator housing. The treatment plan recommended an open thoracic spinal cord stimulator epidural paddle lead trial with a short trial prior to internalizing the systems with a generator. Authorization was requested for T7-T8 spinal cord stimulator lead placement via laminotomy at T8, and generator placement in the flank right. The 6/19/15 utilization review non-certified the request for permanent spinal cord stimulator placement as there was no evidence of a successful trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

T7-T8 spinal cord stimulator lead placement via laminotomy at T8: Overturned

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) Page(s): 105-107.

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have been met. This injured worker presents status post multiple spinal surgeries with a diagnosis of failed back syndrome. She has severe pain that has failed less invasive procedures. She has a history of depression but psychological clearance for spinal cord stimulator trial is documented. A recent attempt at percutaneous spinal cord stimulator trial failed due to extensive scar tissue that prevented threading of the catheter. An open trial has been requested for a short period followed by immediate internalization of the systems including the generator if the trial is successful. There is imaging evidence to support the feasibility of a spinal cord stimulator paddle lead placement at T7/8. The current request is medically reasonable and warrants exception to guidelines for a short internal trial followed by permanent placement if indicated. Therefore, this request is medically necessary.

Generator placement - flank right: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Given that the spinal cord stimulator placement has been found medically necessary, this request for placement of the generator would also be considered medically necessary.