

Case Number:	CM15-0129498		
Date Assigned:	07/16/2015	Date of Injury:	07/24/2004
Decision Date:	08/11/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/06/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 59 year old male, who sustained an industrial injury, July 24, 2004. The injured worker previously received the following treatments Nortriptyline, 24 chiropractic treatment, 6 acupuncture treatments, 12 physical therapy visits, EMG/NCS (electrodiagnostic studies and nerve conduction studies) bilateral lower extremities, Advil, Tylenol, Aleve, Norco, Trazodone, Percocet, Vicodin, epidural injection did not provide benefit, Tramadol injections, Tylenol #3 and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities was positive for L5 radiculopathy. The injured worker was diagnosed with status post bilateral superior-inferior pubic rami fractures, right sacral alar fracture without widening of the sacroiliac joint, right shoulder traumatic impingement and lumbar myofascial sprain, status post lumbar fusion at L4-L5 and L5-S1 levels, failed lumbar surgery, status post right shoulder arthroscopic subacromial decompression, failed low back surgery syndrome, chronic back pain, S1 joint dysfunction and lumbar radiculopathy. According to progress note of May 18, 2015, the injured worker's chief complaint was low back pain and bilateral lower extremity pain. The pain was rated at 4-5 out of 10. The injured worker reported the pain at 7 out of 10 without pain medications and 3 out of 10 with pain medications. The pain was described as persistent, aching with radiation down the bilateral lower extremities to the feet. The pain was worse on the left than the right. The injured worker reported urinary incontinence. The injured worker reported bleeding with bowel movements. The physical exam noted tenderness with palpation to the lumbar paraspinals, right greater than the left. The lumbar range of motion was decreased with flexion and extension. The injured worker was able to toe walk and heel walk with increased pain in the low back. The straight leg raises were negative bilaterally. The Fortin test was positive bilaterally. The Faber test was positive bilaterally. The treatment plan included one spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator Trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 106-207.

Decision rationale: According to MTUS guidelines, spinal cord stimulator "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. (Mailis-Gagnon-Cochrane, 2004) (BlueCross BlueShield, 2004) See indications list below. 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.-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.)-Post amputation pain (phantom limb pain), 68% success rate-Post herpetic neuralgia, 90% success rate-Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury)-Pain associated with multiple sclerosis-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) In this case, a spinal cord stimulator trial was certified on June 10, 2015 but there is no evidence that it has been performed. Another trial is not necessary. Therefore, the request for Spinal Cord Stimulator Trial is not medically necessary.