

Case Number:	CM15-0177829		
Date Assigned:	09/21/2015	Date of Injury:	11/20/1999
Decision Date:	10/26/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/09/2015

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:

This 61 year old female sustained an industrial injury on 11-20-99. The injured worker is being treated for post-lumbar laminectomy syndrome. Treatments to date include MRI testing, surgery and prescription medications. The injured worker has continued complaints of cervical and lumbar area pain with radicular symptoms to the extremities. An MRI dated 1-6-15 revealed cervical spine abnormalities. An MRI dated 3-25-15 revealed lumbar spine abnormalities. Upon examination, musculoskeletal findings were negative and there were no abnormal neurological findings noted. A request for 1 psychological clearance for spinal cord stimulator trial as an outpatient was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 psychological clearance with [REDACTED] for spinal cord stimulator trial as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

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 injured worker is being treated for post-lumbar laminectomy syndrome. Treatments to date include MRI testing, surgery and prescription medications. The injured worker has continued complaints of cervical and lumbar area pain with radicular symptoms to the extremities; however, the most recent physical exam from August, 2015, does not provide any objective evidence of neuropathic pain that would benefit from the placement of a SCS. The request for 1 psychological clearance with [REDACTED] for spinal cord stimulator trial as an outpatient is determined to not be medically necessary.