

Case Number:	CM15-0039244		
Date Assigned:	03/09/2015	Date of Injury:	07/28/2009
Decision Date:	04/20/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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:

The injured worker is a 51 year old male, who sustained an industrial injury on July 28, 2009. He reported an injury to his back. The injured worker was diagnosed as having intervertebral disc disorder of lumbar region with myelopathy, degenerative disk disease of the lumbar spine, lumbar post laminectomy syndrome, lumbar stenosis, lumbar spondylosis with myelopathy and lumbar disc displacement. Treatment to date has included diagnostic studies, lumbar spine fusion, spinal cord stimulation trial, epidural injection and medication. Currently, the injured worker complained of pain in his lower back with radiation into the lower extremities. He reported his morphine medication is not providing him enough relief. The treatment plan included medications and a request for a lumbar spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spinal Cord Stimulator Implant under Mac Anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 107. Decision based on Non-MTUS Citation Wheelless Textbook of Orthopedics, Orthopaedic Anesthesia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stimulator Implantation Section Page(s): 106-107.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 106-107 states that it is recommended only for selected patients when less invasive procedures have failed or are contraindicated for specific conditions and when there is a successful temporary trial. Those conditions are as stated 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. In this case the exam note from 02/09/15, the patient reveals diminished sensation but does not demonstrate any of the above indications as being satisfied or lesser invasive procedures have been attempted. Therefore the determination is for non-certification.