

Case Number:	CM15-0065380		
Date Assigned:	04/13/2015	Date of Injury:	09/29/1993
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/06/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 is a 47 year old female, who sustained an industrial injury on September 29, 1993. She has reported headache, back pain, and knee pain. Diagnoses have included lumbar spine degenerative disc disease, lumbar spine facet arthropathy, lumbar spinal stenosis, reflexive sympathetic dystrophy of the upper and lower limb, internal derangement of the left knee, and right knee osteoarthritis and anterior cruciate ligament tear. Treatment to date has included medications, H wave therapy, intrathecal pump, alpha stim, knee bracing, and knee surgery. A progress note dated November 26, 2014 indicates a chief complaint of migraine headache. The treating physician requested a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Spinal Cord Stimulator (SCS) Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Spinal cord stimulation (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

Decision rationale: According to the MTUS a spinal cord stimulator trial is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome 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. Indications for stimulator implantation include Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD) with a 70-90% success rate, at 14-41 months after surgery. (Note: This is a controversial diagnosis). The MTUS states that a psychological evaluation is recommended pre-SCS trial. In this case, the IW is complaining of migraines with neck pain. The documentation supports that she has had adequate relief of pain and headaches with oral analgesic medications and an Alpha-stim device. Given that she has not failed less invasive procedures she does not meet criteria. Furthermore she has not had a psychological evaluation for clearance of this procedure. The medical necessity is not supported.