MAXIMUS Federal Services

Case Number:	CM15-0065850		
Date Assigned:	04/13/2015	Date of Injury:	09/27/2001
Decision Date:	05/14/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/07/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 55 year old female sustained an industrial injury on 9/27/01. She subsequently reported low back pain. Diagnoses include status post posterior lumbar interbody fusion and decompression and degenerative disc disease. Treatments to date have included MRI, physical therapy, surgery and prescription pain medications. The injured worker continues to experience neck pain, headaches and chronic low back pain with radiation to the left lower extremity. A request for Spinal cord stimulator trial for lower back chronic pain syndrome 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:

Spinal cord stimulator trial for lower back chronic pain syndrome: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - https://www.acoempracguides.org/ Chronic Pain; Table 2, Summary of Recommendations, Chronic pain disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations for IDDS and SCS, Spinal cord stimulators Page(s): 101, 10-107.

Decision rationale: 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 t o 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. Psychological evaluations are recommended prior to spinal cord stimulator trials. In this instance, the treatment notes indicate that the injured worker had been approved for a spinal cord stimulato trial roughly in 2011, but those records were not included for review. The injured worker has clearly failed all treatment to date. The treating physician indicates that severe depression is present and had started the injured worker on an anti-depressant and began to wean her from the anxiolytic xanax. While a pre-spinal cord stimulator psychological clearance is recommended by the guidelines, it would be especially pertinent in this instance given the depression and anxiety present. The submitted medical record does not include evidence of a psychologic evaluation. Therefore, the necessary requirements for a spinal cord stimulator have not been satisfied and it must therefore be considered medically unnecessary per the referenced guidelines.