

Case Number:	CM15-0066273		
Date Assigned:	04/14/2015	Date of Injury:	06/24/2008
Decision Date:	05/12/2015	UR Denial Date:	03/12/2015
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: New York

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 61 year old male, who sustained an industrial injury on 6/24/08. He reported low back injury. The injured worker was diagnosed as having chronic lower back pain, chronic pain syndrome, lumbosacral degenerative disc disease, history of lumbar fusion at L3-S1 and opioids dependence. Treatment to date has included oral medications including L4-5 microdiscectomy, opioids, physical therapy, epidural steroid injections and TENS unit. Currently, the injured worker complains of chronic low back pain with radiation to right groin and right knee. Physical exam noted postural guarding and lower back stiffness. The treatment plan consisted of prescription for oral medication and request for spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of a lumbar spine cord stimulator: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, intrathecal drug delivery systems & spinal cord stimulators Page(s): 101, 105-106.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Spinal Cord Stimulator.

Decision rationale: Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. There is some evidence supporting the use of Spinal Cord Stimulation (SCS) for Failed Back Surgery Syndrome (FBSS) and other selected chronic pain conditions. Spinal Cord Stimulation is a treatment that has been used for more than 30 years, but only in recent years has it met with widespread acceptance and recognition by the medical community. In the first decade after its introduction, SCS was extensively practiced and applied to a wide spectrum of pain diagnoses, probably indiscriminately. The results at follow-up were poor and the method soon fell in disrepute. In the last decade there has been growing awareness that SCS is a reasonably effective therapy for many patients suffering from neuropathic pain for which there is no alternative therapy. There are several reasons for this development, the principal one being that the indications have been more clearly identified. The enhanced design of electrodes, leads, and receivers/stimulators has substantially decreased the incidence of re-operations for device failure. Further, the introduction of the percutaneous electrode implantation has enabled trial stimulation, which is now commonly recognized as an indispensable step in assessing whether the treatment is appropriate for individual patients. These implantable devices have a very high initial cost relative to conventional medical management (CMM); however, over the lifetime of the carefully selected patient, SCS may lead to cost-saving and more health gain relative to CMM for FBSS. Fair evidence supports the use of spinal cord stimulation in failed back surgery syndrome, those with persistent radiculopathy after surgery, according to the joint American College of Physicians/ American Pain Society guideline recommendations on surgery and interventional treatments. ODG recommends psychological screening prior to all SCS implantation. The documentation indicates the claimant has Failed Back Syndrome and has failed treatment with opioids, Gabapentin and antidepressants. He underwent a psychological evaluation and has diagnoses of depression, opioid dependence and alcohol abuse vs. dependence. According to the Guidelines he is a candidate for a trial of a SCS. Medical necessity for the requested item is established. The requested item is medically necessary.