

Case Number:	CM15-0074256		
Date Assigned:	04/24/2015	Date of Injury:	01/19/1998
Decision Date:	05/27/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/20/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 63-year-old male, who sustained an industrial injury on 1/19/98. He reported a low back injury. The injured worker was diagnosed as having long-term use of meds and lumbar disc displacement without myelopathy. Treatment to date has included spinal cord stimulator placement, revision and lead revision; left shoulder surgery, epidural injections, physical therapy and oral medications. On 1/22/15, the injured worker was unsure he wants to have the spinal cord stimulator re implanted since he felt it didn't help that much with his pain. Currently, the injured worker complains of chronic low back pain, he rates his pain 7/10; he also complains of left ankle and left knee pain. The injured worker noted spinal cord stimulator has worked in the past; however it needed to be removed to have (MRI) magnetic resonance imaging of spine performed. The MRI was done on 2/27/14. Physical exam noted antalgic gait and spasm and guarding of lumbar spine. The treatment plan included permanent implantation of a spinal cord stimulator, implantation of generator, electronic analysis, fluoroscopic guidance and IV sedation. On 4/2/15, re implant was denied due to the injured worker being controlled on medications alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Permanent Implantation of Spinal Cord Stimulator with Medtronic Implantation of Generator, Electronic Analysis, Fluoroscopic Guidance, IV Sedation As An Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 38, 101, 105-107 of 127.

Decision rationale: Regarding the request for implantation of spinal cord stimulator lead and generator, CA MTUS and ODG state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. Within the documentation available for review, it appears that the patient previously underwent prior placement of the SCS and it subsequently was removed at some point. However, there is no clear documentation of significant pain relief, functional improvement, and/or medication reduction between the time of the implantation to removal and until now to support the medical necessity of re implant. There is no documentation of the injured workers pain levels improvement and how much medication they were using when they had the spinal cord stimulator in verses now that they have it out. It is true the patient is getting significant benefit with the current medication regiment and they have stated prior that they did not want the stimulator placed back inside. For these reasons, even though the injured worker had it placed in the past, it does not seem warranted at this time to place it back inside since both the injured worker is hesitant about having it back in and they are doing quite well with oral medications, thus less invasive procedures have not failed. In the absence of such documentation, the currently requested spinal cord stimulator lead and generator implantation is not medically necessary.