

<b>Case Number:</b>	CM15-0094124		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	04/18/2009
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 41 year old female, who sustained an industrial/work injury on 4/18/09. She reported initial complaints of right low back pain with radiation to the right leg. The injured worker was diagnosed as having s/p right L5-S1 laminectomy, thoracic myofascial pain, reflux gastritis, insomnia, depression, and anxiety. Treatment to date has included medications, activity modification, home exercise program (HEP), chiropractic therapy, physical therapy, cupuncture, epidural steroid injections, bilateral L5-S1 medial branch blocks, lumbar surgery, and psychiatric care. MRI results were reported on 3/8/14 reported hemangiomas in T7, T9, T10, and T-11 vertebral bodies. Currently, the injured worker complains of mid and low back pain and intermittent leg pain rated 8/10. Per the primary physician's progress report (PR-2) on 4/9/15, there is tenderness on the thoracic midline and paraspinal muscles, limited lumbar range of motion and worse with extension, straight leg raise positive on the right. Current plan of care included use of issued transcutaneous electrical nerve stimulation (TENS) unit, chiropractic therapy, and medication. The requested treatments include spinal cord stimulators (SCS) Trial x 2, CM3-Ketoprofen 20%, and Chiropractic treatment x 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulators (SCS) Trial x 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 101, 105-107.

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

**Decision rationale:** According to MTUS guidelines, spinal cord stimulator "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) 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. (Mailis-Gagnon-Cochrane, 2004) (BlueCross BlueShield, 2004) See indications list 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. (Flotte, 2004) In this case, and according to the medical notes, a trial of TENS has been strongly recommended prior to an SCS trial. The patient did receive TENS unit but her response to this trial was not documented. In addition, there is no evidence of a psychological clearance for an SCS trial. Therefore, the request for spinal cord stimulator trial x 2 is not medically necessary.

**CM3-Ketoprofen 20%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence

that Ketoprofen gel is recommended as topical analgesics for chronic pain. Ketoprofen gel, a topical analgesic is not recommended by MTUS guidelines. Furthermore, Ketoprofen was reported to have frequent photocontact dermatitis. Based on the above, CM3-Ketoprofen 20% is not medically necessary.

**Chiropractic treatment x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** According to MTUS guidelines, Manual therapy & manipulation "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion." Based on the patient's records, there is no functional deficits documented that could not be addressed with home exercise program. In addition, prior chiropractic sessions (24 visits) have been completed without significant and objective pain and functional improvement of her symptoms. Therefore, the request for 18 Chiropractic visits is not medically necessary.