

Case Number:	CM15-0095539		
Date Assigned:	05/22/2015	Date of Injury:	11/12/2008
Decision Date:	06/29/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/18/2015

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, California

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:

The injured worker is a 47 year old male, who sustained an industrial injury on November 12, 2008, incurring neck, back and shoulder injuries. He was diagnosed with lumbar spondylolisthesis and instability, multiple compression vertebral fractures, shoulder impingement syndrome, bilateral acromioclavicular joint arthrosis and right shoulder partial rotator cuff tear. He underwent a lumbar fusion in October, 2013. Other treatment included narcotics for pain management, antidepressants, anti-anxiety medications, neuropathic medications, and muscle relaxants. Currently, the injured worker complained of persistent tenderness of the cervical and thoracic spine. He complained of a frozen shoulder with limited range of motion and near right leg monoplegia with atrophy and weakness. The treatment plan that was requested for authorization included a trial use spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), spinal cord stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulator Page(s): 107.

Decision rationale: According to the guidelines: 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) Psychological evaluations are recommended prior to SCS trial. In this case, the psychological evaluation was pending and not provided. The claimant had a failed back syndrome but was able to tolerate pain and decrease Oxycodone. The need for SCS is not fully validated and the request is not medically necessary.