

Case Number:	CM15-0097502		
Date Assigned:	05/28/2015	Date of Injury:	12/17/2010
Decision Date:	06/25/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/20/2015

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

Certification(s)/Specialty: Orthopedic Surgery

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 44 year old male who sustained an industrial injury on 12/17/2010. Current diagnoses include lumbar degenerative disc disease, lumbar radiculitis, lumbar stenosis, disc disorder lumbar, and post laminectomy syndrome. Previous treatments included medication management, lumbar fusion, and physical therapy. Previous diagnostic studies include a positive EMG on 06/04/2013, MRI of the lumbar spine dated 10/27/2014. Initial injuries occurred when he fell back landing on his low back and buttocks. Report dated 04/29/2015 noted that the injured worker presented with complaints that included lower lumbar pain and bilateral lower extremity pain. Pain level was 8 out of 10 on a visual analog scale (VAS). Physical examination was positive for abnormal findings in the lumbar spine and neurological testing. The treatment plan included a discussion of treatment options, discontinued Tylenol #4 and Soma, continue Norco, request for spinal cord stimulator trial due to permanent nerve damage, recommend QME, continue Robaxin, increased Cymbalta, start gabapentin, and recommend gabapentin/Lyrica and TCA. Disputed treatments include lumbar spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 106-107 states that it is recommended only for selected patients when less invasive procedures have failed or are contraindicated for specific conditions and when there is a successful temporary trial. Those conditions are as stated 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. Neurostimulator 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. In this case, the exam note from 4/29/15 does not demonstrate psychiatric clearance before the spinal cord stimulator trial being contemplated. Therefore, the request is not medically necessary and the determination is for non-certification.