

<b>Case Number:</b>	CM13-0019367		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	12/24/2001
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Pain Medicine. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 66-year-old female who reported an injury on 12/24/2001. The mechanism of injury was not provided in the medical records. Her diagnoses include lumbosacral spondylosis, degenerative joint disease of the hip, and displacement of intervertebral disc unspecified. Her previous treatments included physical therapy, medications, home exercise program, and has undergone an intradiscal electrothermal annuloplasty, epidural steroid injections, and radiofrequency ablation. Within the clinical note dated 07/16/2013, the injured worker reported increased pain in her low back and left hip rated at 5/10 to 6/10. The injured worker underwent a lumbar epidural steroid injection on 07/08/2013; however, reported no relief. On examination of the lumbar spine, the physician reported there was tenderness of the lower lumbar facet joints bilaterally and flexion, extension, and left and right lateral bending were all limited and painful. The facet loading was limited and painful and the straight leg raise was positive on the left eliciting pain down the leg. The physician noted that she demonstrated normal ambulation. The physician's care plan included a spinal cord stimulator due to the patient having a longstanding history of low back pain with radiation to the knees. He reported she had conservative care including physical therapy, medications, a home exercise program, injections, and radiofrequency ablation. With the conservative treatments they have not worked to alleviate her pain or have given her mild to moderate relief for up to 6 months. In an effort to allow the injured worker to better functional capacity, improve ability to complete activities of daily living, improve pain control, and to decrease her pain medications, a trial of the spinal cord stimulator was recommended. The other treatment recommendations included an MRI of the lumbar and thoracic spine and a psychological evaluation. The current request is for a spinal cord stimulator with 2 electrodes and the rationale was to allow the injured worker to function better, improve

activities of daily living, pain control, and decrease use of medications. The request for authorization was provided on 07/31/2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **SPINAL CORD STIMULATOR WITH 2 ELECTRODES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The current request for spinal cord stimulator with 2 electrodes is not medically necessary. The Chronic Pain Medical Treatment Guidelines note that spinal cord stimulators are recommended only for selected patients in cases where less invasive procedures have failed and are contraindicated. Indications for a spinal cord stimulator include: symptoms that are primarily lower extremity radicular pain to where there has been limited response to non-interventional care; psychological clearance indicated realistic expectations and clearance for the procedure; no current evidence of substance abuse; and there are no contraindications to a trial. Furthermore, there must be documentation of failed back syndrome, complex regional pain syndrome, post-amputation pain, or postherpetic neuralgia. The documentation provided indicated that the injured worker had failed conservative treatment; however, she did not present with failed back syndrome, complex regional pain syndrome, or other diagnoses, that would support the request. The guidelines also indicate a psychological evaluation must be provided prior to the spinal cord stimulator and it was not included in the medical records. As such, the request for spinal cord stimulator with 2 electrodes is not medically necessary.