

<b>Case Number:</b>	CM13-0019785		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/29/1996
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and has a subspecialty in Pain Management and is licensed to practice in Oklahoma and Texas. 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 physician 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 patient is a 57-year-old male who reported an injury on 03/29/1996. The patient has a history of approximately 15 surgical procedures, including a lumbar spine fusion. The patient has chronic low back pain and a diagnosis of failed back syndrome. A prior AME recommended spinal cord stimulator trial as part of future care. The patient also has a psychological component of his injury, with a diagnosis of adjustment disorder, with anxiety and depressed mood. The patient has been receiving psychotherapy. The patient is also noted to have a history of infection status post-surgery and was having difficulty finding a surgeon willing to perform surgery on him. The current treatment plan is for spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of spinal cord stimulator:** Upheld

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

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

**Decision rationale:** CA MTUS guidelines state that indications for stimulator implantation include "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." CA MTUS guidelines also state that a psychological evaluation is recommended pre-spinal cord stimulator (SCS) trial. The documentation submitted for review does indicate that the patient has a diagnosis of failed back syndrome with persistent pain. The patient has exhausted lower levels of care and may benefit from a spinal cord stimulator trial at this time, as recommended by the AME. However, there is a lack of documentation that the patient has undergone a recent psychological evaluation with clearance for the proposed spinal cord stimulator trial in concordance with California MTUS recommendations. Psychological evaluation would be appropriate in this case, given guideline recommendations and the patient's past medical history of psychological symptoms and ongoing treatment. Given the lack of a recent psychological evaluation with clearance for the proposed procedure, the request for spinal cord stimulator trial is non-certified at this time.