

<b>Case Number:</b>	CM13-0025616		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	09/16/2002
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 74-year-old female who reported an injury on 09/16/2002 with the mechanism of injury not cited within the documentation. In the clinical notes dated 05/09/2014, the injured worker complained of low back pain which radiated into her bilateral lower extremities. It was noted that the injured worker continued to desire to move forward with a spinal cord stimulator. It was also noted that the injured worker was not taking any medications. The injured worker's pain was described as moderate, intermittent to frequent, with sharp, cramping, and numbness. Prior treatments included physical therapy, chiropractic therapy, surgeries, and prescribed pain medications. The physical examination of the lumbar spine revealed tenderness to palpation of the paravertebral musculature with moderate muscle guarding and spasm. The straight leg raise test was positive bilaterally along the bilateral L5-S1 nerve roots of the feet. The range of motion of the lumbar spine was noted as flexion 21 degrees, extension 10 degrees, right side bending at 11 degrees, and left side bending at 10 degrees. The sensation was noted to be decreased to pinprick and light touch along the L5-S1 nerve root distribution. It was also noted that the injured worker used a cane and ambulated with a guarded gait. The diagnoses included failed back surgery syndrome, status post micro decompressive; lumbar discectomy of L2, L4, and L5 dated 03/14/2006, followed by L4, L5, and L5-S1 decompression and fusion with instrumentation dated 04/13/2010 with postoperative residuals to include right lower extremity radiculitis; status post blunt trauma right thigh with right hip greater trochanter bursitis and right knee sprain/patellofemoral arthralgia with MRI evidence of an anterior cruciate ligament sprain/tear and underline x-ray evidence of tricompartmental degenerative joint disease; complaints of anxiety, stress, depression, and sleep difficulties secondary to chronic pain and limitations/impairment, deferred to the appropriate specialist; and

history of aggravated high blood pressure and complaints of dizziness secondary to emotional stressors and chronic pain with limitations/impairments deferred to the appropriate specialist. A treatment plan included pending authorization of the lumbar spinal cord stimulator trial, continuation of home exercise program/cane, determination of motorized wheel chair/gym membership, and followup in 5 to 6 weeks. The Request for Authorization for the spinal cord stimulator trial was submitted on 08/08/2013.

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

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

#### **TRIAL LUMBAR SPINAL CORD STIMULATOR: 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 Page(s): 105-107.

**Decision rationale:** The request for trial lumbar spinal cord stimulator is not medically necessary. The California MTUS Guidelines state that spinal cord stimulators (SCS) are recommended only for selected injured workers in cases where less invasive procedures have failed or are contraindicated. There is limited evidence in favor of spinal cord stimulators for failed back surgery syndrome and complex regional pain syndrome type 1, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. The indication for stimulator implantation include failed back syndrome (persistent pain in patients who have undergone at least 1 previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40 to 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/reflex sympathetic dystrophy, 70% to 90% success rate, at 14 to 41 months after surgery; 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; and peripheral vascular disease, 80% success at avoiding the need for amputation when the initial implant trial was successful. In the clinical notes provided for review, it was indicated that the injured worker had approved psychological clearance. However, there is a lack of documentation of the injured worker's pain level status with or without medication. It is also annotated that the injured worker was not on any pain medication. Furthermore, it is not clear if the use of the medications would be helping in decreasing the injured worker's pain level status, of which was not indicated. Therefore, the request for trial lumbar spinal cord stimulator is not medically necessary.