

<b>Case Number:</b>	CM13-0030683		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	07/31/2006
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Internal Medicine and is licensed to practice in New York. 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.

### 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 51-year-old male with a history of injury on 7/31/06. He had a spinal fusion L4-5 in 2011. The magnetic resonance imaging (MRI) on 4/13 revealed no thoracic disc bulges and lumbar disc disease L4-5, and L5-S1. The patient has chronic low back pain with left L5 radiculopathy, and neck pain. Pain on 7/22/13 note is described as constant and 8/10 despite chronic narcotic use. A request was made for a spinal cord stim trial and was denied 8/20/13. An appeal was placed on 9/20/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator (SCS) trial under monitored anesthesia care (MAC) and under fluoroscopy:** 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 Chronic Pain Guidelines state that spinal cord stimulators (SCS) are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, and only for specific conditions. More trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. Conditions that are indicated for SCS include reflex sympathetic dystrophy, post herpetic neuralgia, post amputation pain,

peripheral vascular disease, multiple sclerosis, and spinal cord injury dysesthesias. More information is necessary to show that the patient meets the aforementioned criteria before this request can be certified.