

<b>Case Number:</b>	CM13-0031475		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	11/28/1997
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 48 year old female with a work injury dated 11/28/97. The diagnoses include failed back syndrome and lumbosacral radiculopathy.cervicalgia; displacement of the cervical disc without myelopathy. Under consideration is a request for a trial of a spinal cord stimulator. There is a primary treating physician report dated 9/5/13 that states that the patient is suffering with a failed back syndrome as well as suffering with lumbar radiculopathy; this is in spite of the fact that the applicant has had 2 low back surgeries. His physician reports that the patient may benefit from a spinal cord stimulator and possible FRB program in the future. There is a request for authorization for a spinal cord stimulator trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIAL SPINAL CORD STIMULATOR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain -Spinal cord stimulators (SCS)

**Decision rationale:** The MTUS does not address spinal cord stimulators. The ODG states that stimulator implantation is indicated for patient with failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: (1) symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); (2) psychological clearance indicates realistic expectations and clearance for the procedure; (3) there is no current evidence of substance abuse issues; (4) there are no contraindications to a trial. The documentation submitted does not reveal fulfillment of the above criteria. There is no documentation of prior non interventional treatments, or psychological clearance. The documentation is limited. Without this information the request for a Trial of a Spinal Cord Stimulator is not medically necessary.