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| <b>Case Number:</b>   | CM13-0036102 |                              |            |
| <b>Date Assigned:</b> | 12/13/2013   | <b>Date of Injury:</b>       | 06/10/2005 |
| <b>Decision Date:</b> | 04/18/2014   | <b>UR Denial Date:</b>       | 09/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/18/2013 |

### 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 and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 43 year -old male with a date of injury of 06/10/2005. The listed diagnoses per [REDACTED] are: 1) Status post L3-4 posterolateral fusion with removal of previous L4-S1 lumbar instrumentation, 08/20/2012 2) Chronic low back pain and lumbar radiculopathy According to report dated 08/15/2013 by [REDACTED], the patient presents with continued bilateral and posterior radiating leg pain. This radiates into the calf and down the heels, bilaterally. He describes these symptoms as constant, severe and debilitating. Patient has made ongoing attempts at conservative management including physical therapy. CT showed adequate fusion material at L3-4, L4-5 and L5-S1. There does not appear to be any central stenosis. MRI dated 07/01/2013 revealed multilevel degenerative and postoperative changes throughout the lumbar spine. L2-3 has 2-3mm disc bulge. There is slight effacement of the CSF space without stenosis or neuroforaminal involvement. There is mild bilateral facet disease. Examination revealed strength in the bilateral lower extremity was 5/5. Sensation is decreased along the bilateral legs, going into the feet. Straight leg raise is negative. Patient is utilizing Norco for pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DORSAL COLUMN STIMULATOR TRIAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATOR Page(s): 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-105.

**Decision rationale:** This patient presents with continued low back and posterior radiating leg pain. The treater is requesting a dorsal column stimulator trial. Under spinal cord stimulation, the MTUS Guidelines page 105 to 107 states, "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis and peripheral vascular disease. MTUS page 101 also require psychological evaluation prior to spinal cord stimulator trial. In this request and in review of the reports provided, there is no indication that psychological clearance has been performed. The patient very well may be a candidate for spinal cord stimulation but psychological clearance is required. Recommendation is for denial.