

<b>Case Number:</b>	CM13-0038698		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/02/1988
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 is licensed to practice in Illinois. 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 50 year old male who reported an injury on 06/02/1988 from falling through a roof. The injured worker had a history of back pain described as throbbing, shooting, stabbing, sharp, cramping, hot-burning, aching, tingling, numbness, dull, pins and needles that radiates. Upon examination of the lumbar spine on 10/30/2013 the injured worker had normal palpation and limited extension and pain with range of motion. The injured worker's lower extremities had normal sensory, normal strength bilaterally, and normal gait. The injured worker's diagnoses are lumbar post laminectomy syndrome and radiculopathy in lumbar and thoracic (L5-S1 fusion) in 01/2012. The injured worker had lumbar spine MRI on 12/2012 which showed degenerative and postoperative findings involving the lumbosacral spine with moderate to severe bilateral foraminal narrowing at L5-S1. The injured worker had a urine analysis on 7/30/2013 consistent for Norco, Morphine and Avinza. Previous treatments included epidural injections, exercise, physical therapy, facet injections, hot/cold therapy, medications, surgery, trigger points, and TENS. The medications were Neurontin 600mg, Simvastatin 40mg, Avinza 60mg, Omeprazole 20 mg, Cymbalta 60mg, Zanaflex 4 mg and Norco 7.5/325mg. The treatment is continue medications, stay active and continue with TENS unit, and await scheduling of spinal cord stimulator trial. The request for authorization was not submitted with the documentation for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator trial:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) page(s) 105-106 and Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cordstimulators) Page(s): 101.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that a spinal cord stimulator trial is only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS), more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. Psychological evaluations for SCS (spinal cord stimulators) are recommended pre-spinal cord stimulator (SCS) trial. In this case, the injured worker had a history of back pain dating back to 06/20/1988. The injured worker's medical documentation was lacking documentation showing a psychological evaluation was completed which is recommended prior to a SCS trial. As such, the request for spinal cord stimulator trial is not medically necessary.