

<b>Case Number:</b>	CM13-0039872		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/14/2005
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/07/2005
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 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 56-year-old male who reported an injury on 06/14/2005. The mechanism of injury involved a fall. Current diagnoses include postlaminectomy syndrome, lumbar disc disease, and lumbar radiculitis. The injured worker has been previously treated with trigger point injections, lumbar epidural steroid injection, physical therapy, electrical stimulation, massage therapy, and heat therapy. Physical examination revealed flattening of the lumbar lordosis with paravertebral muscle spasm bilaterally, 2 to 3+ tenderness over the left greater than right lower lumbar spine, diminished range of motion, positive straight leg raising bilaterally, weakness in the left lower extremity, and diminished sensation in the left lower extremity. Treatment recommendations at that time included authorization for a spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINAL CORD STIMULATOR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulatorsa (SCS). Page(s): 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 105-107.

**Decision rationale:** California MTUS Guidelines state spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications include failed back syndrome, chronic regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis, and peripheral vascular disease. California MTUS Guidelines further state psychological evaluations are recommended prior to spinal cord stimulator trials. As per the documentation submitted, the injured worker does maintain a diagnosis of postlaminectomy syndrome. The injured worker has been previously treated with conservative therapy. However, there is no evidence of a psychological examination prior to the request for a spinal cord stimulator trial. Therefore, the request for Spinal Cord Stimulator is not medically necessary.