

<b>Case Number:</b>	CM13-0041010		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/24/2010
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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. 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 66-year-old male who reported a work related injury on 09/24/2010, as a result of strain to the lumbar spine. The patient presents with continued complaints of low back pain with radiation of pain down the bilateral lower extremities. The clinical notes indicate that the patient is status post lumbar spinal surgery, specific procedure and date of procedure not stated. The patient presents for treatment of the following diagnoses: spinal stenosis lumbar region, lumbar post laminectomy syndrome, lumbosacral facet arthropathy, myofascial pain syndrome, and trochanteric bursitis. The clinical note dated 11/18/2013 reports that the patient presented for treatment under the care of [REDACTED]. The provider documented that the patient reports 9/10 pain complaints on a visual analog scale (VAS). The patient utilizes Dendracin lotion, allopurinol, aspirin, atenolol, hydrochlorothiazide, hydrocodone/acetaminophen 10/325mg, one (1) tab by mouth every 4 hours, losartan, potassium, and simvastatin. The clinical notes document that the patient has quit smoking, and used to smoke two (2) packs of cigarettes per day for 20 years. The patient's range of motion was noted to be limited secondary to pain. The provider documented that the patient had exhausted all lower levels of conservative treatment and would be an excellent candidate 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 of spinal cord stimulator with fluoroscopic guidance two to three (2-3): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 107. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Low back chapter.

**Decision rationale:** The clinical documentation submitted for review indicates that the patient continues to present with significant lumbar spine pain complaints after a work related injury sustained in 09/2010, and subsequent surgical interventions performed to the lumbar spine. The provider is currently requesting that the patient undergo a spinal cord stimulator trial. However, submission of an official psychological evaluation of the patient, as well as recent imaging of the lumbar spine, was not evidenced in the clinical notes reviewed. The Chronic Pain Guidelines indicate that neurostimulation is generally considered to be ineffective for treating nociceptive pain. This intervention is more helpful for lower extremity rather than low back pain, although both stand to benefit. However, as per Official Disability Guidelines, clearance from a psychological point of view would be indicated, as well as recent imaging of the MRI of the lumbar spine, to specifically assess if the patient is no longer a surgical candidate for his lumbar spine pain complaints. Given all the above, the request for trial of spinal cord stimulator with fluoroscopic guidance 2 to 3 days is not medically necessary or appropriate.