

<b>Case Number:</b>	CM13-0045184		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/26/1998
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 56 year old male whose date of injury is 05/26/1998. The patient is status post lumbar laminotomy L5-S1 with left re-exploration with laminotomy and discectomy at L4-5 on the right and fusion with pedicle screw fixation L4 to S1. A previous request for spinal cord stimulator trial was certified in June 2013. Follow up note dated 10/16/13 indicates that the request for re-trial of spinal cord stimulator has been denied. He is about 50% functional during the day with limitations using his cane. Follow up note dated 11/26/13 indicates that low back pain is rated as 7/10. He took a urinalysis which came back positive for cocaine. Medications are listed as lisinopril, nifedipine, pantoprazole, gemfibrozil, allopurinol, aspirin, atorvastatin, hydrochlorothiazide, ibuprofen, gralise and robaxin. Psychological re-evaluation was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RE-TRIAL OF SPINAL CORD STIMULATOR WITH [REDACTED] UNDER FLUOROSCOPIC GUIDANCE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Based on the clinical information provided, the request for re-trial of spinal cord stimulator with [REDACTED] under fluoroscopic guidance is not recommended as medically necessary. The patient was previously authorized for spinal cord stimulator trial which provided approximately 50% relief. They would like a re-trial with a different spinal cord stimulator to see if the patient can derive greater than 70% pain relief. However, there is no clear rationale provided as to why a [REDACTED] spinal cord stimulator would provide greater benefit than the [REDACTED] system that was previously trialed. Without such documentation, the request cannot be found as medically necessary.