

<b>Case Number:</b>	CM13-0047200		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/28/2007
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine and Rehabilitation 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 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 51-year-old female who reported an injury on 11/28/2007. The mechanism of injury was stated to be that the patient was climbing into the rear emergency door of a school bus and as she pulled herself up from the ground she injured her low back. The patient had a motor examination that revealed decreased motor strength and dorsiflexion of the right foot and ankle and deep tendon reflexes were 2/4 in the lower extremities bilaterally. The straight leg raise in the modified sitting position was significantly positive on the right when compared to the left. The sensory examination was decreased in the posterolateral thigh and posterolateral calf on the right when compared to the right. The electromyography (EMG) of the lower extremities on 05/24/2013 revealed chronic right L5 and S1 radiculopathy. The patient had an L3-4, L4-5, and L5-S1 posterior lumbar interbody fusion on 08/19/2010. The patient was noted to be symptomatic and profoundly disabled, and the physician indicated that it was difficult for the patient to control her pain and perform her activities of daily living (ADLs). The diagnosis was noted to be right lower extremity radiculopathy and the request was made for a trial of a spinal cord stimulator. The patient was noted to have failed at least six (6) months of conservative treatment modalities including pharmacologic, surgical, psychological, and physical therapy. The patient was noted to have extensor conservative physiotherapy and spinal injections and suffering from chronic pain for greater than six (6) months. It further indicated there was no surgical intervention planned in the near future. The psychological evaluation dated 12/17/2013 revealed that the patient is a good candidate 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:

**Trial of a spinal cord stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation Page(s): 38.

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

**Decision rationale:** The Chronic Pain Guidelines indicate that spinal cord stimulators are recommended for patients when less invasive procedures have failed or are contraindicated following a successful trial; one of the indications for stimulator implantation is failed back syndrome. The patient was noted to have failed back syndrome as she had a previous surgery that failed per clinical documentation. The patient had a psychological evaluation that revealed that the patient was appropriate for a spinal cord stimulator implant trial. However, there was lack of documentation per the request for the duration of time being requested for the trial. Given the above, the request for trial of a spinal cord stimulator is not medically necessary.