

<b>Case Number:</b>	CM13-0050585		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/06/2004
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Orthopedic Surgery, 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 male who reported a work-related injury of 01/06/2004. The patient presents for treatment of the following diagnoses, postlaminectomy syndrome with a history including times 8 lumbar spine surgeries. The clinical documentation dated 11/13/2013 reports the patient continues to present with significant lumbar spine pain complaints. The provider documents the patient utilizes Opana, Norco, Lyrica, Anaprox, Xanax, Prilosec, Benazepril, AndroGel, Prozac, and Remeron. The provider documented the patient had undergone a successful trial of a spinal cord stimulator and reported very good benefit. As such, the patient would like to proceed with permanent implantation of the device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**T11-12 Laminotomy for T9-10 Spinal Cord Stimulator Placement vs T12-L1 Laminotomy for T10-11 Spinal Cord Stimulator Placement and right hip battery: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

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

**Decision rationale:** While the patient has undergone a recent psychological clearance, the current request is not supported. According to the medical records provided for review, the patient has previously failed with 2 spinal cord stimulator implantations. Furthermore, there was a lack of quantifiable documentation of the patient's reports of efficacy during the most recent trial of a spinal cord stimulator. While the MTUS Chronic Pain Guidelines indicate criteria for spinal cord stimulator implantation includes a diagnosis of failed back syndrome, the current request is not supported the above. As such, the request for T11-12 Laminotomy for T9-10 Spinal Cord Stimulator Placement vs T12-L1 Laminotomy for T10-11 Spinal Cord Stimulator Placement and right hip battery is not medically necessary and appropriate.