

<b>Case Number:</b>	CM13-0060676		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/23/2004
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 53 year old male who was injured on 02/23/2004 while lifting a front seat of a vehicle when he felt a snap in his lower back that radiated down the left lower extremity and developing left shoulder pain. Treatment history included physical therapy, lumbar epidural steroid injection at left L5-S1 and left S1 foraminal selective nerve root/epidural injection and medications. Prior procedures included left shoulder arthroscopic surgery, left L5-S1 laminectomy and discectomy in March 2010 and re-exploration of the L5-S1 disc herniation done in January 2013. MRI lumbar with/without contrast performed on 09/01/2011 revealed there was a small recurrent disc protrusion at the site of prior microdiscectomy with possible neuropathic encroachment on the left S1 nerve. There was a right paracentral disc bulge at L4-5 that was suspected not to be clinically significant. X-ray of chest performed on 01/23/2013 revealed normal chest. X-rays of lumbar spine performed on 01/25/2013 revealed the area was partially obscured by a skin retractor. Metallic marker was at the level of L5-S1 disc region. MRI of lumbar spine performed on 08/19/2013 revealed above L5-S1, no interval change of significance had occurred. A clinic note dated 11/15/2013 documented objective findings on exam included Lumbar exam revealed the gait is non-antalgic. Posture revealed shoulders were level; iliac crests were level, normal thoracic kyphosis, normal lumbar lordosis, no lateral curvature. Skin was normal. There was tenderness to palpation of the paraspinal. Muscle spasm absent. Paraspinal tone: The paraspinal muscle tone was normal. ROM Active: Limitations: rotation with no restriction. ROM Passive: range of motion restricted due to pain. Muscle testing included the following: Patella reflex: right 2/4, left 2/4; Achilles Reflex: right 1/4, left 1/4; Babinski sign: right down-going, left down-going; Clonus: right none, left none. Sensation Ankle/Foot was normal. Sensation lower left was normal to light touch except

posterolateral legs. Sensation upper leg was normal to light touch. Plan was for spinal cord stimulator placement.

### **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 ACOEM Chapter 12 Low Back Complaints Page(s): 306..

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

**Decision rationale:** As per CA MTUS guidelines, spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, and following a successful temporary trial. This patient had prior unsuccessful surgeries x2 and is having chronic neuropathic pain. The records submitted did not indicate that a trial of spinal cord stimulator was performed. The request is for placement of spinal cord stimulator for which the medical necessity has not been established and is non-certified.