

<b>Case Number:</b>	CM13-0066301		
<b>Date Assigned:</b>	04/02/2014	<b>Date of Injury:</b>	06/12/2010
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 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 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 38 year old female who was injured on 05/12/2010. The mechanism of injury is unknown. She sustained an injury to her lower back. Prior treatment history has included medications such as Colace 100 mg, Zanaflex 2 mg, and Zofran 4 mg; Lyrica, Percocet, Fentanyl patch, and Prozac. She has had physical therapy which she feels aggravated her pain. Diagnostic studies reviewed include CT of the Abdomen/Pelvis with contrast dated 09/12/2013 demonstrated evidence of subcutaneous stranding and emphysema in the anterior abdominal wall which indicated recent anterior approach postsurgical changes for the spinal fusion; small pockets of air was seen in the peritoneum anteriorly which again was consistent with recent postsurgical changes; posterior and anterior L5-S1 fusion was seen; and small amount of free fluid in the pelvic area which could be again due to postsurgical changes. Neurosurgery report dated 02/04/2014 reported the patient continued to have complaints of lower back pain that radiated down the left hip and down the left leg. She stated that there was a lot of shooting pain down the left leg, as well as numbness. The patient had difficulties walking due to the pain. She also reported that she had fallen several times due to her leg giving out. She stated that her most recent fall occurred less than one week ago. Objective findings on exam revealed all three of her incisions were well-healed. There was positive diffuse tenderness throughout, worse on the left over the right. The exam was negative for scoliosis and sciatic notch tenderness. She did have sacroiliac tenderness on the left, negative on the right. Lumbar spine range of motion revealed flexion to 50; extension to 20; right rotation to 20; left rotation to 20; left lateral bend to 30; right lateral bend to 30. Muscle strength of the lower extremity in all muscle groups was 5/5 except anterior tibialis was 4+/5 on the left, 5/5 on the right; and Extensor hallucis 4+/5 on the left, 5/5 on the right. The sensory exam revealed sensation was intact to pinprick in all upper extremities dermatomes. Lower extremity exam was decreased in the left L5 and S1 to pinprick. Straight leg

raise was positive in the seated position bilaterally with pain in the left hip and buttocks, and low back on the right was positive in the supine position to 20 degrees on the left with pain into the low back and leg, negative on the right. FABER's test was positive on the left, negative on the right. Side lying sacral compression test was negative on the right, positive on the left. Lower extremity reflexes were intact bilaterally at 2/4. She had a normal gait. The patient was diagnosed with status post revision lumbar decompression and interbody fusion at L5-S1. The patient is reported to be an appropriate candidate for a trial of a dorsal column spinal cord stimulator for treatment of her lower back pain and left leg pain that was a result of a chronic lumbar radiculopathy as evidenced by her recent EMG/NCV. It was recommended that an authorization be requested for a dorsal column spinal cord stimulator trial and pre-trial psychological/psychiatric evaluation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **DURABLE MEDICAL EQUIPMENT (DME): DORSAL COLUMN SPINAL CORD STIM TRIAL: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATOR (SCS) Page(s): 105.

**Decision rationale:** As per CA MTUS guidelines, spinal cord stimulator is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. It is sometimes recommended for failed back syndrome, defined as persistent pain in patients who have undergone at least 1 previous back operation. In this case, this patient has had initially posterior lumbar fusion and then anterior lumbar fusion at L5-S1. The patient has tried and failed conservative treatment including physical therapy and medications. The patient had EMG/NCS of lower extremities that showed chronic left L5 radiculopathy. The examinee continues to have chronic lower back and left leg pain with decrease in activities of daily living. Therefore, a trial of a dorsum column spinal cord stimulator is considered medically necessary and appropriate.