

<b>Case Number:</b>	CM13-0067922		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/04/2006
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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:

This female patient sustained an injury on 9/4/06 while employed by [REDACTED]. Request under consideration include a surgical consultation for an SCS implant. Diagnoses included Neck pain, Low back pain s/p L3-S1 fusion 2008. The patient was noted on 4/23/13 to have been cleared psychologically for spinal stimulator trial, but was to complete the CBT treatment recommended before any implantation to maximize benefit and improve in rehabilitation course. Operative report dated 12/3/13 showed patient underwent a percutaneous spinal cord stimulator trial. Report of 12/4/13 from provider noted the patient recently completed an opioid detoxification program in June 2013. She is s/p lumbar fusion without relief of symptoms; is now post spinal cord stimulator trial and most recently had an epidural blood patch with 50-60% reduction in pain with activities and 80% of pain at rest. Postural headache is near resolution; pain radiates down posterolateral aspect down right lower extremity to foot; both shoulders rated at 2-4/10 associated with paresthesias and night pain with difficulty falling asleep. The patient remains disabled but is noted to be independent with activities of daily living. Conservative care has included acupuncture, massage, behavioral therapy, physical therapy, chiropractic care, surgery, and facet radiofrequency ablation. Exam showed range has improved. Report of 12/10/13 noted pain that radiates down to right lower extremity and to both shoulders rated at 9/10 with associated paresthesia and depression. Plan was for referral to surgeon for SCS implantation and to psychologist to ensure claimant is optimized from a psychological standpoint to proceed with implantation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical Consultation for an SCS Implant: Upheld**

**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 stimulators (SCS) Psychological evaluations Page(s): 101-102, 105-107.

**Decision rationale:** This 43 year old female patient sustained an injury on 9/4/06 while employed by [REDACTED]. Request under consideration include a surgical consultation for an SCS implant. Diagnoses included Neck pain, Low back pain s/p L3-S1 fusion 2008. Operative report dated 12/3/13 showed patient underwent a percutaneous spinal cord stimulator trial. Report of 12/4/13 from provider noted the patient recently completed an opioid detoxification program in June 2013. Conservative care has included acupuncture, massage, behavioral therapy, physical therapy, chiropractic care, surgery, and facet radiofrequency ablation. The spinal cord stimulator trial and most recently, the epidural blood patch resulted in a 50-60% reduction in pain with activities and 80% of pain at rest. Noted on 4/23/13, the patient has cleared psychologically for spinal stimulator trial, but was to complete the CBT treatment recommended before any implantation to maximize benefit and improve in rehabilitation course. The psychologist had mentioned the patient should have further psychotherapy, adjustment of psychotropic medications and home exercise program prior to implantation which has not been done. MTUS guidelines states that spinal cord stimulators are only recommended for selected patients as there is limited evidence of its functional benefit or efficacy for those failed back surgery syndrome and complex regional pain syndrome. It may be an option when less invasive procedures are contraindicated or has failed and prior psychological evaluations along with documented successful trial are necessary prior to permanent placement for those patients with diagnoses of failed back syndrome; complex regional pain syndrome; post-amputation pain; post-herpetic neuralgia; spinal cord dysesthesia/injury; multiple sclerosis or peripheral vascular diseases. Submitted reports have not demonstrated support to meet these criteria. As the SCS implant is not indicated; the surgical consultation for implantation is unnecessary. The surgical consultation for an SCS implant is not medically necessary and appropriate.