

<b>Case Number:</b>	CM13-0068483		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/18/2004
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 presented with a date of injury of 6/18/04. A utilization review determination dated 12/9/13 recommends non-certification of a spinal cord stimulator trial. The 11/4/13 medical report identifies a history of lumbar fusion. He has been psychologically cleared for neurostimulation. He is using a cane for ambulation and has decreased ROM with spasm and tenderness. The 9/23/13 medical report notes that the patient has also undergone hardware removal. Sensation is decreased in the lateral calf and posterior calf/outer foot bilaterally and SLR was negative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINAL CORD STIMULATOR TRIAL:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SCS and Psychological Evaluations, IDDS & SCS Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal Cord Stimulators (SCS) and Psychological Evaluations, IDDS & SCS (Intrathecal Drug Delivery Systems & Spinal Cord Stimulators) Sections

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) support spinal cord stimulator trials for failed back syndrome when symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care, psychological clearance indicates realistic expectations and clearance for the procedure, there is no current evidence of substance abuse issues, and there are no contraindications to a trial. Within the documentation available for review, there is documentation of lower extremity radicular symptoms, limited response to prior treatment including surgery, and psychological clearance. There is no documentation to suggest any substance abuse issues or any contraindications to a trial. The medical records submitted do not indicate the patient to be a candidate for any additional surgery or interventional procedures. The request for a Spinal Cord Stimulator Trial is medically necessary.