

<b>Case Number:</b>	CM13-0068509		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/26/2007
<b>Decision Date:</b>	10/23/2014	<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:

This is a patient with a date of injury of 12/26/07. A utilization review determination dated 12/9/12 recommends non-certification of LSO corset and SCS lead and generator revision. 11/19/13 medical report identifies pain and stomach cramping with the SCS, even after adjustments. He no longer uses the device due to the pain. He has increased pain with cooler weather. He continues to have low back pain and bilateral lower extremity pain. Pain is 6/10 with medication and 10/10 without. Medications keep him functional, allowing for increased mobility and tolerance of ADLs and home exercise with no side effects. On exam, there is tenderness, limited ROM, positive SLR bilaterally, unspecified decreased strength BLE, decreased sensation right L5-S1 and left L4-S1. Recommendations include SCS lead and generator revision and LSO corset.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SCS Lead and Generator Revision:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic), Updated 12/04/2013.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38, 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Spinal Cord Stimulators (SCS).

**Decision rationale:** Regarding the request for revision of spinal cord stimulator lead and generator, CA MTUS and ODG state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. Within the documentation available for review, it appears that the patient previously underwent prior placement of the SCS and it subsequently malfunctioned at some point. It has been adjusted, but continues to malfunction. However, there is no clear documentation of significant pain relief, functional improvement, and/or medication reduction between the time of the implantation and malfunction to support the medical necessity of revision. In the absence of such documentation, the currently requested spinal cord stimulator lead and generator revision is not medically necessary.

**LSO Corset:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic), Updated 12/04/2013.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** Regarding the request for LSO corset, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute stage of relief and there is no documentation of a pending/recent spine surgery, spinal instability, compression fracture, or another clear rationale for a brace in the management of this patient's chronic injury. In the absence of such documentation, the currently requested LSO corset is not medically necessary.