

<b>Case Number:</b>	CM14-0001075		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	12/05/2003
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 & 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 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 57-year-old female with a 12/5/03 date of injury; the mechanism of the injury was not described. The patient underwent 4 lumbar surgeries and 2 cervical surgeries for her industrial injuries. The patient was seen on 10/16/13 with complains of severe, pulling pain in the lower back. The examination revealed weight 160 pounds, blood pressure 142/90 and pulse 64. Straight leg raising test was positive bilaterally and there was severe tenderness to palpation in the right paralumbar region and guarding with motion. The patient underwent psychological assessments and clearance for spinal cord stimulator on 11/01/13 and 12/05/13 with diagnoses of mild chronic pain syndrome with mild depression and anxiety and minimal hopelessness. The patient was seen on 12/4/13 for the follow up visit. Exam findings revealed severe tenderness to palpation in the right paralumbar region, positive straight leg raising test bilaterally and pain with extension. There was well-healed incision in the low back consistent with previous surgeries. The diagnosis is failed neck and back syndrome. Treatment to date: work restrictions and medications. An adverse determination was received on 12/16/13 given that there was no evidence of complex regional pain syndrome and any evidence of recent and comprehensive non-operative treatment protocol trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator Trial with [REDACTED] in Office/Outpatient at [REDACTED]**  
**[REDACTED]: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, spinal cord stimulators.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines & ODG criteria for SCS trial placement include a diagnosis of CRPS, psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse issues; and that there are no contraindications to a trial. In addition, neurostimulation is generally considered to be ineffective in nociceptive pain. There is a lack of documentation indicating that the patient underwent non-interventional care, such as neuroleptic agents, analgesics, injections and physical therapy with limited response. In addition, the progress notes did not indicate that the patient suffered from complex regional pain syndrome. Therefore, the request for spinal cord stimulator trial with [REDACTED] in office/outpatient at [REDACTED] was not medically necessary.