

<b>Case Number:</b>	CM14-0002764		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 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 record notes a 48-year-old female with a date of injury of January 7, 2014. The mechanism of injury was cumulative trauma. A notation is made that the claimant is status post L4-5 laminectomy/discectomy on June 23, 2004. An MRI of the lumbar spine with and without contrast dated May 25, 2005 demonstrates the claimant's postoperative findings, consistent with the above noted procedure, with evidence of postoperative fibrosis/granulation tissue on the right, paracentrally, below the disc. X-rays from December 2010 reveal congenital anomalies. Moderate L4-5 degenerative lumbar disc disease is noted, and a right unilateral pars defect is reported. Minor disc degeneration is present at the L2-3 and L3-4 level. The claimant presents with persistent complaints of nerve pain with paresthesias in the right lower extremity. There is occasional back pain reported. The claimant has tried and failed Gabapentin, pregabalin, and Topiramate. She is currently using Sentinel patch and Norco for breakthrough pain. Electrodiagnostic studies reveal persistent nerve damage. The pain is rated 6/10 on the VAS. Depression symptoms are documented, and noted to be mild. Physical examination of the lumbar spine reveals full flexion, 30 of extension and oblique extension, and rotation at 60. Diminished sensation to light touch over the right leg is reported. Negative bilateral straight leg raises and 1+ deep tendon reflexes at the Achilles are noted. Muscle testing is unremarkable. Maintenance treatment has included pharmacotherapy and TENS. A psychological evaluation for spinal cord stimulator trial indicates that the claimant would be a good candidate. A diagnosis of post-laminectomy syndrome is reported. Conservative treatment has also included physical therapy (approximately 5 sessions in 2010 and 7 sessions in 2012). Elsewhere in the medical record a notation is made that the claimant has also been provided chiropractic therapy and epidural steroid injections. There is documentation in the medical record that in January, an MRI of the lumbar spine was requested. However, there were no MRI results subsequent to January 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 SPINAL CORD STIMULATOR TRIAL BETWEEN 12/19/2013 AND 2/2/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 107.

**MAXIMUS guideline:** Decision based on the Chronic Pain Medical Treatment Guidelines, page 38.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines support spinal cord stimulator trials in select clinical settings of failed back syndrome after careful counseling and appropriate patient selection, when used in conjunction with a comprehensive multidisciplinary medical management. Based on the clinical information provided, it appears that a spinal cord stimulator trial is appropriate, and clinically indicated, provided that the MRI presents no contraindications for new information that would redirect the plan of care. However, after careful review of all of the clinical documentation, the MRI cannot be located. Without that information, the recommendation for a spinal cord stimulator cannot be made. As such, the request is not medically necessary.