

<b>Case Number:</b>	CM14-0005493		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	12/12/2008
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Occupational Medicine 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 a 39-year-old male who has submitted a claim for lumbar sprain and strain associated with an industrial injury date of December 12, 2008. The patient complains of lumbar pain radiating to both lower legs with tingling sensation. Physical examination showed a wide-based gait; lumbar spine stiffness and spasm with trigger points; pain in the groin with internal rotation of the hip joints; and absent perception to light touch and temperature over the L4-5 and S1 distribution bilaterally, more on right than left. The diagnoses include lumbar or lumbosacral disc degeneration; thoracic or lumbosacral neuritis or radiculitis NOS; fasciitis NOS; and neuralgia, neuritis and radiculitis NOS. The current treatment plan includes a request for dorsal column stimulator trial to achieve maximum potential for long term pain relief. Treatment to date has included oral analgesics, muscle relaxants, AEDs, home exercises, physical therapy, spinal injections and lumbar fusion. Utilization review from December 31, 2013 denied the request for a trial of a dorsal column stimulator as an outpatient for the lumbar spine because it is not related to the injury treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TRIAL OF DORSAL COLUMN STIMULATOR, AS AN OUTPATIENT FOR THE LUMBAR SPINE: 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 2009  
Page(s): 105-107.

**Decision rationale:** Page 105-107 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommends spinal cord stimulators (SCS) only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications for stimulator implantation include failed back syndrome. This is defined as persistent pain in patients who have undergone at least one previous back operation. There is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS). In this case, the patient underwent lumbar fusion on September 2012 which only provided some relief. However, there was no objective evidence of failure and exhaustion of conservative treatment. There is no evidence of assessment of response to lower levels of care. A psychological clearance was not obtained. Therefore, the request for TRIAL OF DORSAL COLUMN STIMULATOR, AS AN OUTPATIENT FOR THE LUMBAR SPINE is not medically necessary.