

<b>Case Number:</b>	CM14-0014534		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/09/2005
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 injured worker is a male with a date of injury of 6/9/05. Per the initial evaluation by the requesting physician, the injured worker complains of intractable bilateral back, hip, and leg pain. The injured worker underwent major decompressive surgery with instrumentation on 4/4/13. He incurred a postoperative epidural hematoma and this was evacuated on 4/6/13. He subsequently has been wheelchair bound and continues with intractable bilateral back, hip, and leg pain. He has severe depression. He states his pain is constant, and characterized by pressure, radiating, tingling, throbbing, dull ache, stabbing, burning, cramping, sharp knife like, squeezing, shooting, spasm with numbness, and weakness. He has touch hypersensitivity. His back pain is made worse by most activities, including walking, standing, exercise, work, climbing stairs, cold weather, bending forward, lifting, drigin, sitting, coughing, and sneezing. He is not able to walk and is wheelchair bound. He's not able to bend backwards or able to drive. Lying down and pain medications help. He has tried antidepressants, narcotics, muscle relaxants, and trigger point injections with no improvement. Physical therapy was tried and failed. NSAID medication management was tried and failed. His pain is rated at 9/10. His pain negatively affects his general activity, mood, walking ability, normal work, relations with other people, sleep, enjoyment of life, ability to concentrate, and appetite. On exam he appears extremely deconditioned and weak. He appears to be in extreme pain, and has been seen curled up on the exam table. He needed assistance getting up out of a wheelchair. He has bilateral foot drop, left worse than right. Straight leg raising was negative. A large well-healed laminectomy scar had mild to moderate tenderness. There was no deformity of thoracic spine. Per the primary treating physician's orthopedic spine surgery narrative progress report with request for authorization, diagnoses include right wrist sprain, proximal radial fracture, bilateral foot drop, lumbar radiculopathy at L4-L5 confirmed by EMG, L2-L5 stenosis, grade 1 spondylothisthesis at L3-L4 and L4-L5,

status post evacuation of epidural hematoma as of 4/5/13, status post L2-L5 posterior spinal instrumentation and fusion, and L2-L5 trasforaminal instrumentation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **TRIAL NEUROSTIMULATION WITH TWO LEADS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, SPINAL CORD STIMULATORS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Spinal Cord Stimulators (SCS) section Page(s): 105-10.

**Decision rationale:** The clinical notes provided for review describe a disabled worker that had spine surgery and remains wheelchair bound months following his surgery. He has intractable pain and is extremely deconditioned. Part of the requesting physician's report is not provided for review, so it is not clear if the requesting physician provided a rationale for this request. The MTUS guidelines recommend the use of a spinal cord stimulator only after careful counseling. It should be used in conjunction with comprehensive multidisciplinary medical management. It is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. The injured worker does appear to meet the physical criteria for spinal cord stimulator use, but it is not apparent that he has had psychological evaluation for spinal cord stimulator use as recommended. If a psychological evaluation has been done for this treatment, it is not provided for review. As such, the request is not medically necessary.