

<b>Case Number:</b>	CM14-0016824		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	03/03/2009
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Anesthesiology, 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:

The patient is 62-year-old male who has submitted a claim for multilevel lumbar degenerative disc with radiculopathy, lumbar facet and sacroiliac joint arthropathy associated from an industrial injury date of March 3, 2009. Medical records from 2013-2014 were reviewed, the latest of which dated January 21, 2014 revealed that the patient is very limited in activities of daily living. Treatment to date has included epidural steroid injections (2012 and 2013), lumbar facet median branch radiofrequency ablation (8/7/13), water therapy (2012), TENS unit (2010), physical therapy and medications that include Nucynta, zolpidem, Terocin patch, Butrans patch, Celebrex, Norco and Monarch cream. Utilization review from February 4, 2014 denied the request for Spinal Cord Stimulator Trial because the patient is a candidate for a repeat right leg surgery; the patient has neuropathic leg pain as a diagnosis; the patient never had peripheral or central nerve blocks; and the patient has not had a surgical consult either to verify the back is nonsurgical or that the patient truly does not want back surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINAL CORD STIMULATOR TRIAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Indications For Stimulator Implantation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 105-107.

**Decision rationale:** According to pages 105-107 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for spinal cord stimulator (SCS) trial placement include: at least one previous back operation and patient is not a candidate for repeat surgery; symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care; psychological clearance; no current evidence of substance abuse issues; and that there are no contraindications to a trial. In this case, the patient undergone lumbar facet median branch radiofrequency ablation in August 2013, and patient is not a candidate for repeat back surgery. Psychological clearance was granted in January 10, 2014. However, the most recent clinical evaluation has insufficient subjective and objective findings to support the diagnosis of radiculopathy. Guideline criteria for SCS trial were not met. Therefore, the request for Spinal Cord Stimulator trial is not medically necessary.