

<b>Case Number:</b>	CM14-0111252		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Spine Surgeon and is licensed to practice in Texas. 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 53-year-old female who reported an injury on 09/12/2011. The mechanism of injury was not stated. Current diagnoses include status post laminectomy and discectomy on 05/15/2013, failed back surgery syndrome, lumbar disc disease, lumbar intervertebral disc herniation, and bilateral L5 radiculopathy. The injured worker was evaluated on 06/19/2014 with complaints of persistent lower back pain with radiation into the left lower extremity. Physical examination revealed a well healed midline surgical scar, tenderness over the lower lumbar paraspinals, diminished range of motion, positive straight leg raising on the left, and weakness in the left lower extremity with diminished sensation. It is noted that the injured worker underwent a spinal cord stimulator trial on 03/03/2014 with an improvement in symptoms. Previous conservative treatment also includes epidural steroid injection and medication management. The treatment recommendations at that time included a spinal cord stimulator implantation. A Request for Authorization form was then submitted on 06/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient SCS implant and paddle lead via laminotomy:** 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 Page(s): 101, 105-107.

**Decision rationale:** The California MTUS Guidelines state spinal cord stimulators are recommended only for selective patients in cases when less invasive procedures have failed or are contraindicated. Although it is noted that the injured worker reported an improvement in symptoms with the spinal cord stimulator trial, there is no documentation of objective functional improvement following the initial trial. There is also no documentation of a psychological evaluation as recommended by the California MTUS Guidelines. As such, the current request is not medically necessary.

**Pre-op clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Assistant surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.