

<b>Case Number:</b>	CM14-0112110		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/22/2008
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	07/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Physical Medicine & Rehabilitation 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:

Medical records reflect the claimant is a 68 year old male who sustained a work injury on 5-22-08. The claimant has a history of lumbar surgery in 2008. Office visit on 5-20-14 notes the claimant continues with increased right leg complaints and difficulty functioning. He has severe difficulty with ambulation. He uses Norco with decrease in pain and improve his ability to walk. The claimant also uses Norflex. With the medications, his pain goes down from 9/10 to 7/10. He reports cramps in his legs at night. On exam, the claimant has decreased range of motion of the lumbar spine, positive SLR on the left with radiation to his heel. He has decreased sensation on the left from L3 through S1. Strength is 3+/5 on left eversion, inversion, and EHL, 4+/5 on the left plantar flexion. There was a request for a SCS trial as the claimant has failed all conservative modalities. Pain psychology consult clearance was also requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Implant neuroelectrodes.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) low back chapter - SCS

**Decision rationale:** ODG notes that SCS is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. There is some evidence supporting the use of Spinal Cord Stimulation (SCS) for Failed Back Surgery Syndrome (FBSS) and other selected chronic pain conditions. There is an absence in documentation noting that his claimant has had psychological clearance or an appropriate trial noting improvement. Therefore, the request for Implant neuroelectrodes is not established as medically necessary.