

<b>Case Number:</b>	CM14-0120096		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Neurological Surgery and is licensed to practice in Texas and Michigan. 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 47-year-old female who sustained an injury to her low back on 06/23/10 while performing usual and customary duties as a money bag handler. The pain management note dated 05/06/14 reported that the injured worker was referred for injections for the low back, which were ineffective. The injured worker had back surgery including pin placement in 2011. Following surgery, she got sick and was leaking spinal fluid. She ultimately required emergency surgery to address this issue. In September of 2012, she had another surgery to the back, which did not help and made her condition worse. She noticed pain in the left hip running down the leg. The injured worker also noticed swelling in her feet/ankles. She had not had any post-operative physical therapy. The injured worker was diagnosed with failed back surgery syndrome. A pain and psychological consultation pre-implant spinal cord stimulator dated 12/16/13 concluded that the injured worker was cleared to undergo spinal cord stimulator trial. The injured worker is not a candidate for repeat 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107, 101. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-10.

**Decision rationale:** The previous request for spinal cord stimulator trial was denied on the basis that within the clinical information available for review, at the time of the 05/15/14 determination, there was clinical documentation of at least one previous back operation and the injured worker was not a candidate for repeat surgery. The symptoms are primarily lower extremity radicular pain. There had been limited response to non-interventional care (analgesics, injections) and there was no current evidence of substance abuse issues and there was no documentation of a psychological clearance for the requested trial procedure. Thus, medical necessity could not be established at that time. Psychological note dated 12/16/13 concluded that the injured worker was cleared for spinal cord stimulator trial and possible permanent implantation. Therefore, the request for spinal cord stimulator trial is indicated as medically necessary and appropriate.