MAXIMUS Federal Services

| Case Number: | CM14-0120364 | | |
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| Date Assigned: | 08/06/2014 | Date of Injury: | 11/04/1999 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 07/23/2014 |
| Priority: | Standard | Application Received: | 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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 11/04/1999. The patient's diagnosis is status post lumbar fusion and left laminectomy at L4-5 and L5-S1 with subsequent fusion and hardware removal in September 2003. On 07/02/2014, the patient was seen by the primary treating physician for follow-up. The patient reported that his pain could reach 8/10 in severity and reported that his quality of life was worsening. The patient felt that his back would lock up on him if he did anything significant in terms of activity. On exam the patient had limited spinal flexion and extension. The patient was noted to have a history of lumbar surgery with a sacroiliac joint syndrome, as well as depression due to chronic pain. The treating provider requested a percutaneous spinal cord stimulator trial, noting that, alternatively, the patient was reconsidering going back on opioid medication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial Percutaneous Spinal Cord Stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Page(s): 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome Page(s): 38.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discuss spinal cord stimulation on page 38 with regard to complex regional pain syndrome. That guideline states that spinal cord stimulators should be used after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. As part of this guideline, a psychological evaluation is indicated prior to considering a spinal cord trial. It is not clear from the medical records that this patient has completed such a psychological evaluation. Moreover, the treatment guidelines indicate that spinal cord stimulation is not a primary pain treatment modality by itself but rather is indicated in order to facilitate specific restorative plans. The medical records in this case discuss essentially subjective pain and do not clearly document specific plans for functional restoration as recommended by the treatment guidelines. Particularly in this current, notably chronic, situation, a spinal cord stimulator of itself is not likely to offer meaningful long-term benefit other than to facilitate such functional restorative goals. For these multiple reasons, the guidelines have not been met for this request. This request is not medically necessary.