

<b>Case Number:</b>	CM14-0126947		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	06/22/2004
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Georgia. 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 66 year old male presenting with low back pain following a work related injury. The patient's medications included Lidoderm 5% adhesive patches 1 every 12 hours, Aspirin 81 mg, Celexa 20 mg, Welchol, Vit D-3, Diltiazem, Xarelto, Digoxin, Neurontin, Oxycodone, and Oxycontin. The patient has a history of back surgery, and complained of pain in the back that radiates to the right leg and lower heel. The physical exam showed lumbar facet pain bilaterally at L3-S1, pain over the lumbar intervertebral discs on palpation, antalgic gait, and anterior lumbar flexion caused pain. The injured worker was diagnosed with postlaminectomy syndrome and lumbar radiculopathy into the right leg with only partial relief from medications with many symptoms and side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator trial x2 for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex regional pain syndrome, page(s) 32 Page(s): 32.

**Decision rationale:** MTUS Guidelines state spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. Indications for stimulator implantation include failed back syndrome; complex regional pain syndrome (CRPS)/reflex sympathetic dystrophy (RSD); post amputation pain (phantom limb pain); post herpetic neuralgia; spinal cord injury dysesthesias; pain associated with multiple sclerosis; and peripheral vascular disease. Psychological clearance is required prior to a spinal cord stimulator trial. Given that the medical records did not include a psychological clearance, the request is not medically necessary.

**Request for Pre-Op HP, EKG, Chest X-Ray, and Labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Introduction, page(s) 8-11 Page(s): 8-11.

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