

<b>Case Number:</b>	CM14-0127168		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	03/04/1997
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/14/2014
<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 Occupational Medicine 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:

According to the records made available for review, this is a 69-year-old female with a 3/4/97 date of injury. At the time (6/25/14) of the request for authorization for percutaneous spinal cord stimulator trial, there is documentation of subjective (severe back pain, persistent axial back and neuropathic pain) and objective (in obvious discomfort, gait is remarkable with short stance and stiff with cane assistance, positive straight leg raise bilaterally with left Lasegue with left leg weakness) findings, current diagnoses (severe fibromyalgia, post lumbar laminotomy pain syndrome, post cervical laminotomy pain syndrome, and knee degenerative joint disease), and treatment to date (medication). There is no documentation of primarily lower extremity pain, less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous spinal cord stimulator trial:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators; CRPS, spinal cord stimulators Page(s): 105-107; 38.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), primarily lower extremity pain, less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of failed back syndrome. Within the medical information available for review, there is documentation of diagnoses of severe fibromyalgia, post lumbar laminotomy pain syndrome, post cervical laminotomy pain syndrome, and knee degenerative joint disease. In addition, there is documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation). However, there is no documentation of primarily lower extremity pain, less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial. Therefore, based on guidelines and a review of the evidence, the request for percutaneous spinal cord stimulator trial is not medically necessary.