

<b>Case Number:</b>	CM14-0129031		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	11/17/2006
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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:

According to the records made available for review, this is a 52-year-old male with a 11/17/06 date of injury and status post lumbar fusion 10/27/05. At the time (7/3/14) of request for authorization for Outpatient Trial of a Spinal Cord Stimulator For The Lumbar Spine, there is documentation of subjective (all activities limited by current complaints of pain, constant, dull, occasionally sharp low back pain, bilateral pain with left side greater than right, rated 6-8/10) and objective (mild right and left facet joint tenderness, moderate lumbar paraspinous muscle spasm noted on right and left, moderately decreased lumbar range of motion due to the onset of discomfort, normal motor exam, symmetrical sensation, and reflexes 2+) findings. Current diagnoses are status post lumbar fusion on 10/27/05 with persistent complaints of pain, possible discogenic pain secondary to annular tear at L5-S1, and lumbago). Treatments to date include surgery and medications (including Methadone, Norco, Zestril, and Valium)). 6/18/13 medical report identifies patient is cleared psychologically for spinal cord stimulator trial and implant. There is no documentation of primarily lower extremity pain and that less invasive procedures have failed or are contraindicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Trial of a Spinal Cord Stimulator For The Lumbar Spine:** Upheld

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

**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. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of CRPS/RSD, careful counseling and patient identification, that the SCS will be used in conjunction with comprehensive multidisciplinary medical management, and that SCS will be combined with physical therapy, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of CRPS/RSD. Within the medical information available for review, there is documentation of diagnoses of status post lumbar fusion on 10/27/05 with persistent complaints of pain, possible discogenic pain secondary to annular tear at L5-S1, and lumbago. In addition, there is documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation) and a psychological evaluation prior to a trial. However, there is no documentation of primarily lower extremity pain and that less invasive procedures have failed or are contraindicated. Therefore, based on guidelines and a review of the evidence, the request for Outpatient Trial of a Spinal Cord Stimulator For The Lumbar Spine is not medically necessary.