

<b>Case Number:</b>	CM14-0135964		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	06/07/2000
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 59-year-old female who reported injury on 06/07/2000. The mechanism of injury was not provided. The diagnostic studies were not provided. The surgical history included a lumbar laminectomy. The injured worker's medications included Colace, Senokot, Norco, Lactolose, Cozaar, Norvasc, and OxyContin. The documentation of 01/2014 revealed the injured worker was pleased with results from her spinal cord stimulator. The prior diagnostic studies were not provided. There was no Request for Authorization submitted for the requested procedure. The documentation of 06/19/2014 revealed the injured worker had back pain radiating from the low back down both legs and a lower backache. The injured worker's pain with medications was a 7 on the scale of 1 to 10. The pain was worse on the date of visit. Quality of sleep was poor. The injured worker indicated her medications were being taken as prescribed and that the medications were working well. Side effects included constipation, which was relieved with a bowel regimen and prunes. The injured worker had a pain flare in the low back over the prior week and indicated she felt like the bilateral big toes were being pounded by a hammer. The injured worker was trying to taper off OxyContin, and that was noted to be difficult. The injured worker's current medication included Colace 250 mg twice a day; Senokot 187 mg tablets, 2 twice a day; Norco 10/325 mg, 1 every 4 to 6 hours as needed for pain; Lactolose 10 grams/15 mL liquid 3 times a day; Cozaar 25 mg, 1 daily; and Norvasc 10 mg, 2 daily. The physical examination revealed the injured worker had a slow, wide based gait, assisted by a cane. The injured worker had decreased range of motion, and on palpation of the paravertebral muscles, had spasm, tenderness, and a tight muscle band bilaterally. The Ober's sign was positive. The straight leg raise was negative. The motor strength was 5-/5 in the bilateral ankle plantar flexors and dorsiflexors. The light touch sensation was decreased over the medial calf, lateral calf, and sensation to pinprick was decreased over the lateral foot and first

through fifth toes on the bilateral sides. The diagnoses included spinal lumbar degenerative disc disease, post lumbar laminectomy syndrome, and mood disorder, other DIS. The treatment plan included a spinal cord stimulator revision, as the current one was not effective and a new one was needed. There was no Request for Authorization submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**SCS (Spinal Cord Stimulator) Revision:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105.

**Decision rationale:** The California MTUS Guidelines recommend spinal cord stimulators for selected injured workers in cases when less invasive procedures have failed or are contraindicated. The clinical documentation submitted for review failed to provide documentation of prior objective functional benefit of the spinal cord stimulator. The documentation of 01/2014 indicated with the spinal cord stimulator, the injured worker was happy. However, there was a lack of documentation of recent displeasure with the spinal cord stimulator. There was a lack of documentation indicating the spinal cord stimulator was ineffective or had failed. Given the above, the request for spinal cord revision is not medically necessary.