

<b>Case Number:</b>	CM14-0138018		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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:

There were 255 pages provided for this review. The application for independent medical review was signed on August 20, 2014. The request was for a second diagnostic catheter directed cervical epidural steroid injection at C6-C7 midline and a spinal cord stimulator trial. There was a modification recommendation from March July 28, 2014. It was modified to a catheter directed injection. The spinal cord stimulator was non certified. The patient had one cervical epidural steroid injection so far in the diagnostic phase with a partial response. Therefore a second one was felt to be supported. The use of the catheter was felt to be reasonable to allow epidural needle placement at an anatomically safer level while guiding medicine to the specific cervical target. Although the clinical notes made reference to a psychological evaluation for the SCS, the notes were not available for review. This is why the trial was not completed. The claimant was described as a 52-year-old man who was injured on March 14, 2012. He fell onto a piece of plywood backwards landing on his buttocks. He injured the lumbar and cervical spine. He had a left L5 S1 microdiscectomy in June 2009. He has had extensive past therapy including physical therapy, chiropractic care, acupuncture, bracing, anti-inflammatory medicines and epidural injections. There were several pain management notes that were provided as well as QME and internal medicine notes. There was a panel QME from May 6, 2014. I did not see documentation of a psychological assessment though prior to consideration of a spinal cord stimulator trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator trial:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines regarding spinal cord stimulators Page(s): 105.

**Decision rationale:** 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. (Mailis-Gagnon-Cochrane, 2004) (BlueCross BlueShield, 2004). Further, psychological assessment is a key part to determining candidacy, to be sure a claimant has the psychological acceptance of foreign medical implants, and the fortitude to understand and care for advanced equipment. This is not noted in this case. Given the evidence is only limited at best, it would not be appropriate to provide a treatment not fully proven to the claimant. The request for Spinal cord stimulator trial is not medically necessary.