

<b>Case Number:</b>	CM14-0170178		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	09/11/2006
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 09/11/06, when she injured her back while pulling broken carts. Treatments have included medications, chiropractic care, physical therapy, and participation in a functional restoration program. She underwent cervical and lumbar medial branch blocks. She continues to be treated for chronic back pain radiating into the legs. An MRI of the lumbar spine on 03/10/14 showed findings of left lateralized mild to moderate foraminal stenosis at L2-3 and L3-4. She was seen by the requesting provider on 04/03/14. She was having ongoing neck, back, and leg pain rated at 7/10. Medications are referenced as providing a 30% improvement in sitting, standing, and walking tolerances. Urine drug screening had shown findings of THC. Physical examination findings included a normal gait. There was decreased lumbar spine and cervical spine range of motion. There was cervical and lumbar paraspinal tenderness with positive right Spurling's testing, cervical facet loading, and positive right sacroiliac joint tests. There was decreased right upper extremity strength with giveaway weakness. Hydrocodone, Klonopin, Lyrica, Nucynta, and trazodone were prescribed. On 06/25/14 she was having increasing back pain since the previous day. Pain was rated at 8/10. Authorization for lumbar medial branch blocks was requested. She was continued at out of work at permanent and stationary status. She was evaluated for physical therapy on 09/02/14. She was having pain ranging from 5/10 up to 9/10. A course of therapy was planned and as of 10/10/14 she had attended six of eight treatment sessions. She had improved with pool therapy. On 08/18/14 pain was rated at 8/10. Physical examination findings appear unchanged. Imaging results were reviewed. The claimant had not been found to be a surgical candidate. Authorization for inpatient detox was requested. She was referred for a psychological evaluation for

consideration of a dorsal column stimulator. Authorization for eight sessions of pool therapy was requested. Klonopin, trazodone, Lyrica, and Percocet were prescribed.

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

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

**Dorsal Column Stimulator Trial:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

**Decision rationale:** The claimant is more than 8 years status post work-related injury and continues to be treated for chronic back pain radiating into the legs. Treatments have included medications, chiropractic care, physical therapy, and participation in a functional restoration program and surgery has not been recommended. She has improved with pool therapy and additional treatments have been requested. Urine drug screening has been positive for THC. Authorization for inpatient detox treatment has also been requested. Indications for dorsal column stimulator implantation include failed back surgery syndrome where there is persistent pain after having undergone a previous back operation. In this case, the claimant has not had lumbar spine surgery and none is being recommended. Therefore the requested evaluation for a dorsal column stimulator trial was not medically necessary.