

<b>Case Number:</b>	CM14-0023251		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	08/13/2001
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 66-year-old with an injury date on 8/13/01. Based on the 1/31/14 progress report provided by [REDACTED] the diagnoses are: 1) postlaminectomy syndrome lumbar region 2) lumbago, and 3) thoracic/lumbosacral neuritis or radiculitis, unspecified. The 1/13/14 exam showed "significantly forward flexed antalgic gait, utilizing seated walker for ambulation. There is a tenderness to palpation over greater trochanters, bilaterally and sacroiliac (SI) joints, bilaterally. Hypersensitivity to touch over L5 dermatome bilaterally and left L3 dermatome distribution. Left ankle reflex absent, bilateral knee reflexes absent." [REDACTED] is requesting spinal cord stimulator trial. The utilization review determination being challenged is dated 2/10/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/6/13 to 4/29/14.

### 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 STIMULATOR (SCS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation Page(s): 105-107.

**Decision rationale:** This patient presents with chronic severe lower back pain, bilateral leg pain and is s/p multiple back surgeries including laminectomy, fusion, revision, decompression, laminotomy, most recently a September 2010 anterior L3-L5 fusion and posterior spinal fusion from L3-L5 and left L4-L5 laminotomy. The treater has asked spinal cord stimulator trial on 2/3/14 " to reduce pain meds for long term" and for "leg pain that is not getting much relief from opioids" per 1/3/14 report. Patient had SI joint injection on 1/22/14 with 50% relief that lasted a week. Current medications are working well, but trial of Nucynta IR did not help per 2/3/14 report. The 2/3/14 report shows patient is attempting a taper of pain medications, by increasing methadone and discontinuing oxycodone in lieu for Nucynta for breakthrough pain. Agreed medical evaluation (AME) on 2/29/13 states patient has already had spinal cord stimulator implantation on 5/3/06 but "patient did not find [it] helpful." MTUS recommends neurostimulation when less invasive procedures have failed, for failed back syndrome (particularly for lower extremities), complex regional pain syndrome (CRPS), post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesias, multiple sclerosis, peripheral vascular disease, only following a successful trial. In this case, patient has chronic pain from failed multiple back surgeries, lower extremity pain for which spinal stimulator is indicated. Since patient has already had spinal cord stimulator implantation without benefit in 2006, another spinal cord stimulator trial is not medically necessary and exceeds MTUS guidelines for this type of condition. Recommendation is not medically necessary.