

<b>Case Number:</b>	CM14-0024789		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 42 year old female who sustained a lifting injury to the low back on 02/27/12. She is status post left L5-S1 microdiscectomy on 04/09/12 followed by post-op physical therapy. The injured worker remained symptomatic and underwent repeat L5-S1 decompressive surgery on 07/02/13. The injured worker continued with persistent low back pain radiating to the left leg, and was taking multiple medications. A spinal cord stimulator trial was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINAL CORD STIMULATOR TRIAL:** Overturned

**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), page(s) 105 Page(s): 105.

**Decision rationale:** Per the California MTUS, a spinal cord stimulator is 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. Spinal cord stimulation may be indicated for failed back surgery syndrome and Complex regional pain

syndrome (CRPS). The injured worker has undergone two previous decompressive surgeries of the L5-S1 level, but continues with low back pain that radiates to the left leg. Per the utilization review determination dated 02/19/14, there was no documentation that the injured worker had undergone a psychological evaluation to determine if she was an appropriate candidate for spinal cord stimulator. A subsequent psychological evaluation was completed on 03/11/14 and determined that the injured worker was clear from a psychological perspective to proceed with a spinal cord stimulator trial. Based on the clinical information provided, the request for a spinal cord stimulator trial is medically necessary.