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| <b>Case Number:</b>   | CM14-0026867 |                              |            |
| <b>Date Assigned:</b> | 06/13/2014   | <b>Date of Injury:</b>       | 10/03/2009 |
| <b>Decision Date:</b> | 07/16/2014   | <b>UR Denial Date:</b>       | 01/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/03/2014 |

### 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 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 66-year-old female who had a work related injury on 10/03/09, no documentation of mechanism of injury. The injured worker has chronic intractable lumbar pain, recurrent myofascial strains and also pain that in the lower extremities. She has received multiple conservative treatment evaluations by psychologists as well as psychiatrists. The injured worker has moderate to severe anxiety and depression, global assessment functioning at 60 indicative of moderate functional debilitation. The medications include Norco, Cymbalta, Fosamax, Anaprox, Topamax, topical analgesic patches, Lidoderm cream, Remeron, and Zanaflex. The injured worker has been evaluated by an orthopedic spine surgeon who has recommended the injured worker undergo a 2 level fusion but the injured worker is not a surgical candidate because of severe osteoporosis. Physical examination palpation over lumbar musculature leaves tenderness posterior lumbar musculature and sciatic notch region left greater than right. There is tenderness over the lateral subacromial bursa. There is tenderness in the left groin region. There is also tenderness noted in the right ankle from a fall that the injured worker states she suffered when her left leg gave out. She forward flexes bringing her fingertips barely to her knees. Extension is about 10 degrees. There is pain with both maneuvers. Motor examination reveals decreased motor strength with flexion of the left hip, when compared to the right and dorsa flexion of the left foot and ankle when compared to the right. Reflexes patella 2+ right and left absent left ankle reflex. Straight leg raise in a modified sitting position is positive on the left at about 60 degrees. Right side is negative. Sensory examination reveals decreased sensation along the anterior lateral thigh and medial calf at approximately the L4 distribution. Lumbar MRI (magnetic resonance imaging) dated 08/03/11 reveals L3-4 there is a 3mm broad based disc protrusion with bilateral neuroforaminal narrowing and bilateral facet arthropathy. At L4-5 there is a 3mm posterior disc bulge with bilateral neuroforaminal narrowing as well as

associated facet arthropathy. At L5-S1 there is a 2mm broad based central disc protrusion. EMG performed on 05/10/10 reveals a left L5 and S1 radiculopathy. Lumbar provocative discogram performed on 07/21/10 unequivocal positive provocative discogram at L2-3, L3-4, L4-5, and L5-S1 with completely negative control at L1-2. In reviewing the records, I did not see an updated psychological evaluation. The request is for a trial of a spinal cord stimulator for the lumbar spine.

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

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

#### **TRIAL OF SCS (SPINAL CORD STIMULATOR) FOR LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATOR (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Spinal cord stimulator.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105 - 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Spinal cord stimulator.

**Decision rationale:** The request is for a trial of a spinal cord stimulator for the lumbar spine is not medically necessary. The clinical documentation does not support the request for spinal cord stimulator. In reviewing the records, an updated psychological evaluation was not included for review. Due to the lack of clinical support, the medical necessity has not been established per California MTUS guidelines. As such, the request is not certified.