

<b>Case Number:</b>	CM14-0031493		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/04/2003
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Anesthesiologist Pain and is licensed to practice in Florida. 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 50-year-old female who reported an injury on 06/05/2003 reportedly sustained an injury after she tripped and fell and the automatic door closed caught her shoe and fell forward. She broke her fall with her left wrist, left elbow and sustained a left wrist fracture. The injured worker's treatment history included medications, EMG/NCV, physical therapy, surgery, pain management, psychological consultation, medication, injections, and a psychological consultation for a spinal cord stimulator trial. The injured worker had a psychological consultation for cord stimulator trial on 01/31/2014, and it was documented that the injured worker had undergone 5 surgeries, 2 left elbow surgeries, ulnar transpositions, 1 left wrist tendon removal and bilateral carpal tunnel release. The injured worker had past history of a fracture, of a C2-3 vertebrae as well as L4-5 and L5-S1 vertebrae secondary to a motor vehicle accident. She had undergone a spinal stenosis. Her pain level averages a 7/10, ranges from a 4/10 to 9/10. Current medications include Percocet, Methadone, Soma, and Ambien. It was noted that the injured worker had watched a spinal cord stimulator education video; however, she has several concerns: (1) being afraid if implanted it might stop working and (2) she did not know what to expect because she has had pain greater than 30 years. It was noted that she was cleared for a spinal cord stimulator trial if deemed medically appropriate. The injured worker was evaluated on 06/18/2014, and documented that the injured worker had arm pain and described it as sharp, aching, and shooting that was constant. Her pain level 0/10 with no pain and 10/10 being the worst. The injured worker noted that her pain with opioid medications was a 7/10. It was noted sitting, standing, walking, lifting, and household chore tolerance had improved 30%. In the documents it was noted the injured worker had undergone physical therapy 6 sessions; however, the outcome measurements of functional improvement was not provided. The diagnoses included carpal tunnel syndrome, CRPS type II upper extremity, enthesopathy of the

wrist and carpal tunnel syndrome, and injury to the ulnar nerve. The provider noted that the injured worker had increasing pain in her left arm, specifically in her left elbow cubital tunnel distribution from prior 2 surgeries of ulnar nerve decompression and transposition. She had a lot of soft tissue and swelling right around the scar which is extremely tender to palpation. Significantly positive Tinel's signs at the wrists. Within the documentation the provider noted the injured worker had allodynia in the forearms, hands and wrists. The fingers was ice cold, range of motion of the wrists, fingers and elbow was restricted. Request for Authorization dated 02/06/2014 was for a lumbar dorsal column stimulator trial with two 8 electrode lead; however, the rationale was not submitted for this review.

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

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

**Lumbar Dorsal Column Stimulator trial with two - 8 electrode lead:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Mailis-Gagnon-Cochrane 2004; Blue Cross Blue Shield 2004.

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

**Decision rationale:** The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state stimulator are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. There is some evidence supporting the use of Spinal Cord Stimulation (SCS) for Failed Back Surgery Syndrome (FBSS) and other selected chronic pain conditions. Spinal Cord Stimulation is a treatment that has been used for more than 30 years, but only in the past five years has it met with widespread acceptance and recognition by the medical community. In the first decade after its introduction, SCS was extensively practiced and applied to a wide spectrum of pain diagnoses, probably indiscriminately. The results at follow-up were poor and the method soon fell in disrepute. In the last decade there has been growing awareness that SCS is a reasonably effective therapy for many patients suffering from neuropathic pain for which there is no alternative therapy. There are several reasons for this development, the principal one being that the indications have been more clearly identified. The enhanced design of electrodes, leads, and receivers/stimulators has substantially decreased the incidence of re-operations for device failure. Further, the introduction of the percutaneous electrode implantation has enabled trial stimulation, which is now commonly recognized as an indispensable step in assessing whether the treatment is appropriate for individual patients. These implantable devices have a very high initial cost relative to conventional medical management (CMM); however, over the lifetime of the carefully selected patient, SCS may lead to cost-saving and more health gain relative to CMM for FBSS. Fair evidence supports the use of spinal cord stimulation in failed back surgery syndrome, those with persistent radiculopathy after surgery. The guideline indications for a stimulator implantations failed back syndrome (persistent pain in patents who have undergone at least one previous back operation and are not candidates for repeat surgery), when are the following are present; symptoms are primarily lower extremity radicular pain; there has been

limited response to non-interventional care, analgesics, injections, physical therapy, neurologic agents, There should be a psychological clearance indicates realistic expectations and clearance for the procedure; no current evidence of substance abuse issues; and there are no contraindications to the trial. On 01/31/2014 the injured worker was medically cleared of a psychological consultation for a spinal cord stimulator trial. It was documented the injured worker had past history of fractures of her vertebrae L4-L5 and L5-S1 vertebrae secondary to a motor vehicle accident. She had also had spinal stenosis. The documents submitted for review lacked evidence of the injured worker having failed back syndrome and other selected chronic pain conditions. In addition, the documents state that the injured worker has had prior physical therapy, pain medications and injections; however, there was lack of document on submitted indicating failed treatments. There is lack of supporting evidence to warrant request for lumbar dorsal stimulator trial with two-8 electrode lead. Given the above, the request for Lumbar Dorsal Column Stimulator Trial With Two - 8 Electrode Lead is not medically necessary .