

<b>Case Number:</b>	CM14-0040041		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/29/2008
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 46-year-old man who sustained a work-related injury on September 29, 2008. Subsequently, he developed chronic back pain. The patient has had hardware removed on August 8, 2013 and a pedicle screws and the rods removed. According to a progress report dated February 18, 2014 the patient was reported to have severe and worsening low back pain that radiates into his right leg. His physical examination revealed tenderness in the lumbar spine at the level of L4-5, L5-S1. There is tenderness over the right sciatic notch. His muscle strength examination showed weakness graded 4/5 strength with dorsiflexion and plantar flexion of the right foot. Positive straight leg raising in the supine position bilaterally. Lasegue is negative. The patient has motor and sensory weakness in the right lower extremity in the L4 through S1 distribution on the right. The patient was diagnosed with status post L5-S1, persistent right leg pain with radiculopathy from the back, depression/anxiety, sexual dysfunction, and status post hardware removal in the lumbar spine. The patient's medications included Prozac, Prilosec, Naprosyn, Flexeril, Tylenol, and topical creams of Ketoprofen, Gabapentin, and Tramadol. The provider requested authorization for spinal cord stimulator with pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator with Pain Management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATORS (SCS) Page(s): 105-106.

**Decision rationale:** According to MTUS guidelines, spinal cord stimulator is recommended: 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. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. Prior to spinal neurostimulator implantation, the patient should have a psychological evaluation and clearance from drug abuse. There is no evidence that the patient was cleared psychologically. There is no clear evidence that the patient failed all conservative therapies and is not candidate for surgery. Therefore, the request for Spinal Cord Stimulator with Pain Management is not medically necessary.