

<b>Case Number:</b>	CM14-0041483		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/24/2007
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 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 claimant was injured on 10/24/07. A back brace and spinal cord stimulator trial or under review. His findings appear to be relatively stable over time. He received a medication refill on 10/09/13. His low back was not examined. He was pending cervical RFA. On 11/07/13, he continued with the same pain. He had decreased range of motion with tenderness. Diagnoses included post laminectomy syndrome. He reported constant pain on 12/17/13 that was dull, burning, aching and pins and needles and was increased by his activities. Physical examination again indicated tenderness and decreased range of motion only. Spinal cord stimulator trial is recommended. He had similar findings on 01/21/14 and authorization for the SCS was pending. Findings were unchanged on 02/19/14. Spinal stimulator trial is still awaited. The claimant saw [REDACTED] on 05/14/14 for back pain. A caudal epidural steroid I injection was to be scheduled. A spinal cord stimulator and LSO brace were pending. His daily activities were quite limited but were assisted by the use of medications. He was using MS Contin and Percocet. Omeprazole helps with muscle relaxation. He had dull aching electricity type pain and pins and needles. Physical examination revealed tenderness along the right L3-L5 facets and decreased range of motion in all planes. He had decreased flexion and extension and negative straight leg raise tests. He had mechanical low back pain with lumbar spondylosis and cervical spondylosis. He is status post fusion surgery at L4-S1. He had mechanical low back pain at the bilateral sacroiliac region. He had left ankle pain status post ORIF. He also had thoracic spondylosis and opioid dependence. A spinal cord stimulator trial was recommended for non-opioid relief of low back pain radiating down his left lower extremity. A back brace was recommended to help with his lumbar pain and improve his function. With the brace he would be able to do housework and light yard work. His original brace was old and worn.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial spinal cord stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators, Psychological Evaluations for SCS trials Page(s): 137, 133.

**Decision rationale:** The MTUS state spinal cord stimulators (SCS) are 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. (Mailis-Gagnon-Cochrane, 2004) (BlueCross BlueShield, 2004) See indications list below. This supporting evidence is significantly supplemented and enhanced when combined with the individually based observational evidence gained through an individual trial prior to implant. This individually based observational evidence should be used to demonstrate effectiveness and to determine appropriate subsequent treatment. (Sundaraj, 2005) 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. In this case, there is evidence and a diagnosis of mechanical back pain but no clear evidence of chronic neuropathic pain that has not responded to other conservative treatment. In this case, the claimant has stated that his pain is decreased by medication, rest, a TENS unit, and therapy. There is no documentation of a psychological clearance for the trial. The MTUS also state that psychological evaluations are recommended prior to a spinal cord stimulator trial. There is no documentation of a psychological evaluation. Therefore, the request for a trial spinal cord stimulator is not medically necessary and appropriate.

**DME: Back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, lumbar supports.

**Decision rationale:** The Official Disability Guidelines (ODG) state lumbar supports are "not recommended for prevention. "Recommended as an option for treatment. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were

not effective in preventing neck and back pain...Lumbar supports do not prevent LBP.  
Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low quality evidence, but may be a conservative option). Under study for post-operative use...." In this case, there is no evidence of instability or recent or pending surgery. Therefore, the request for DME: back brace is not medically necessary and appropriate.