

<b>Case Number:</b>	CM14-0049440		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/01/2008
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Management 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:

According to the records made available for review, this is a 51-year-old female with a 3/1/08 date of injury. At the time (3/6/14) of the request for authorization for spinal cord stimulator trial with 3 leads, there is documentation of subjective (low back pain) and objective (normal physical examination) findings, current diagnoses (postlaminectomy lumbar region syndrome, sacroiliitis NEC, lumbago/low back pain, spinal stenosis lumbar region, pain in limb, failed back, displacement of lumbar intervertebral disc without myelopathy, and mononeuritis), and treatment to date (injection, medication, therapy, and surgery). There is no documentation of a psychological evaluation prior to a trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator trial with 3 leads:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators; CRPS, spinal cord stimulators.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators; CRPS, spinal cord stimulators Page(s): 105-107; 38.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of failed back syndrome (persistent pain in patients who have undergone at least

one previous back operation), primarily lower extremity pain, less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of failed back syndrome. Within the medical information available for review, there is documentation of diagnoses of postlaminectomy lumbar region syndrome, sacroiliitis NEC, lumbago/low back pain, spinal stenosis lumbar region, pain in limb, failed back, displacement of lumbar intervertebral disc without myelopathy, and mononeuritis. In addition, there is documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), primarily lower extremity pain, and less invasive procedures have failed. However, there is no documentation of a psychological evaluation prior to a trial. Therefore, based on guidelines and a review of the evidence, the request for Spinal Cord Stimulator Trial With 3 Leads is not medically necessary.