

<b>Case Number:</b>	CM14-0060642		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/28/2007
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 49-year-old female who reported an injury on 06/28/2007, reportedly while at work she was lifting a client to the shower and the client resisted and she felt a sharp pain in her left upper extremity. The injured worker's treatment history included surgery, physical therapy, acupuncture treatment, MRI, and medications. Per the documentation submitted on 02/21/2014, the provider noted the injured worker had undergone a spinal cord stimulator which did not provide relief. She stated her symptoms had worsened since the stimulator. The injured worker has also undergone 3 stellate ganglion blocks without relief. On 04/10/2014, the injured worker was evaluated and it was documented the injured worker complained of pain in the left upper extremity rated 9/10 on the pain scale. Numbness, tingling, and pain extended to the hand as well as neck pain. She stated that the pain was aggravated by cold and or hot. She noted the left upper extremity was sensitive to touch. The injured worker was recommended continuing medications. The physical examination of the cervical spine revealed paraspinal tenderness on the left and a positive foraminal closure test left. No pain to palpation over the C2 transverse processes bilaterally. There was hypersensitivity to touch over the left wrist, left thumb, and index finger; decreased sensation of the left C5; strength of the left upper extremity was limited by pain; and gait was normal. Medications included Vicodin 5/300 mg, Protonix 40 mg, Naproxen 375 mg, and Tramadol HCL 50 mg. Diagnoses included chronic pain syndrome, RSD upper extremity, cervicalgia, and radiculopathy cervical spine. The request for authorization dated 04/07/2014 was for a spinal cord stimulator retrial; 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:

**Spinal cord Stimulator re-trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Spinal Cord Stimulators (SCS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator (SCS) Page(s): 105-106.

**Decision rationale:** The requested is not medically necessary. Spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state column 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/simulators 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 implantation's 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. In addition, the documents state that the injured worker has had prior failed physical therapy, pain medications injections and spinal cord stimulator. There was no psychological clearance submitted for injured worker to undergo a spinal cord stimulator. There is lack of supporting evidence to warrant request for Spinal cord Stimulator re-trial. Given the above, the request for the spinal cord stimulator re-trial is not medically necessary.