

<b>Case Number:</b>	CM14-0061388		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/15/2005
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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:

This is a 57-year-old male with a 11/15/05 date of injury. The mechanism of injury was not noted. According to a 5/20/14 progress note, the patient stated that his medications do not work all the time. He complained of pain in his left ankle, left knee, hips, lower back, and the bottom of his feet. His pain level before taking medications is 8-10/10 and after taking medications is 6-8/10. Objective findings: stable findings on the compensable injury of the lower back, left knee, and both hips, no neurological deficit, congruent psychological effect. Diagnostic impression: left ankle pain status post multiple surgeries, consider radiculopathy from a spinal lesion as a contributor to his pain, adjustment disorder with mixed anxiety and depressed mood, hypogonadism. Treatment to date: medication management, activity modification, ESIA UR decision dated 4/8/14 denied the request for consultation for spinal cord stimulator. The patient does not meet criteria for a spinal cord stimulator as it is typically not recommended for patients without a diagnosis of failed back syndrome, complex regional pain syndrome, post amputation pain, or other spinal cord injury dysesthesias.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation for Spinal Cord Stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM:Occupational Medicine Practice Guidelines, 2nd Ed., 2004, page 503.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines & ODG criteria for SCS trial placement include: at least one previous back operation and patient is not a candidate for repeat surgery, symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse issues; and that there are no contraindications to a trial. In addition, neurostimulation is generally considered to be ineffective in nociceptive pain. There is no documentation that the patient has undergone a previous back operation. In addition, the patient is undergoing treatment with a psychiatrist; however, there is no documentation of clearance for a spinal cord stimulator trial. Furthermore, there is no documentation that the patient is experiencing radicular pain. Because the patient is not a candidate for a spinal cord stimulator trial, a consultation is not necessary. Therefore, the request for Consultation for Spinal Cord Stimulator is not medically necessary.