

<b>Case Number:</b>	CM14-0061674		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/19/2009
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	04/10/2014
<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 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 53-year-old who sustained a work-related injury on June 19, 2009. Subsequently, he developed chronic low back pain that radiated to both lower extremities. The patient was treated with pain medications, physical therapy, acupuncture therapy, and series of spinal injections. The patient underwent L4-L5 microdiscectomy and decompression without improvement of pain. The patient also had spinal cord stimulator trial, which was completed on August 4, 2014. According to the medical report dated September 15, 2014, the patient reports constant cervical spine pain that varies in intensity and is worse in the morning. He rates his pain at 6-7/10 and can escalate up to 10/10. The patient developed constant neck radiating to both upper extremities and back pain. He rated his pain at 8-8.5/10 and can escalate to 10/10. The pain radiates to the bilateral lower extremities, greater on the right, all the way to the feet and toes accompanied with throbbing, burning, numbness, and tingling. He has weakness of both legs. His physical examination of the lumbar spine revealed tenderness over the upper right mid scapula and throughout the entire bilateral lumbar spine with limited range of motion. Standing axial compression and skin pinch are negative. Seated straight leg raising is positive bilaterally. Supine straight leg raising is positive at 40 degrees bilaterally. Lasegue's test is negative. Cervical spine x-rays taken on September 15, 2014 showed no acute bony abnormality. There is slight intervertebral disc space narrowing at C2-3 and C3-4 with slight physiologic anterior listhesis at C5-6. X-rays of the lumbar spine taken on September 15, 2014 intact pedicles and multilevel diffuse moderate to advanced intervertebral disc space narrowing with moderate spondylosis. The patient was diagnosed with lumbar spondylosis and degenerative disc disease, lumbar spinal stenosis, multiple lumbar disc displacement, lumbar radiculopathy, cervical degenerative disc disease, depression secondary to chronic pain syndrome, chronic pain

syndrome, and lumbar myofascial pain. The provider requested authorization for spinal cord stimulator trial.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**A spinal cord stimulator trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SCS (spinal cord stimulators).

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, spinal cord stimulator is 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 a spinal cord stimulator trial is not medically necessary or appropriate.