

<b>Case Number:</b>	CM14-0068405		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/08/2008
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 46 year old female who was injured at work on 08/08/ 2008. The injured worker complains of continuous low back and left leg pain. The pain is 8/10, associated muscle spasms. The physical examination revealed antalgic gait and use of single point cane, limitation in lumbar range of motion, palpable tenderness and spasms of the lumbar paravertebral muscles. Her diagnosis include post operative constipation, Reflex sympathetic dystrophy, status post removal of instrumentation, left L5 and S1 Foraminotomy with reexploration , osteotomy fusion mass L5, and L5-S1interbody fusion 6/6/2012, Bursitis not elsewhere classified, status post L4-S1 PLIF, 3/28/2011, L4-5 Disc degeneration, L4-S1stenosis, Left leg radiculopathy, L5. Her treatment include Fentanyl patch, Methadone Hcl , Oxycodone, Subsys spray , Lunesta, Prilosec, and cymbalta. At dispute is the request for Spinal Cord Stimulator Trial Lumbar Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator Trial Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines < Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cordstimul.

**Decision rationale:** The injured worker sustained a work related injury on 08/08/2008. The medical records provided indicate the diagnosis of post-operative constipation, Reflex sympathetic dystrophy, status post removal of instrumentation, left L5 and S1 Foraminotomy with reexploration , osteotomy fusion mass L5, and L5-S1 interbody fusion 6/6/2012, Bursitis not elsewhere classified, status post L4-S1 PLIF, 3/28/2011, L4-5 Disc degeneration, L4-S1 stenosis, Left leg radiculopathy, L5. Treatments have included Fentanyl patch, Methadone Hcl , Oxycodone, Subsys spray , Lunesta, Prilosec, and Cymbalta. The medical records provided for review do not indicate a medical necessity for Spinal Cord Stimulator Trial Lumbar Spine. The MTUS does not recommend Spinal Cord Stimulator Trial Lumbar Spine until after the patient has done psychological evaluation and been determined to be an appropriate candidate. Therefore this request is not medically necessary.