MAXIMUS Federal Services

| Case Number: | CM14-0069224 | | |
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| Date Assigned: | 07/14/2014 | Date of Injury: | 09/14/2001 |
| Decision Date: | 08/11/2014 | UR Denial Date: | 04/07/2014 |
| Priority: | Standard | Application Received: | 05/14/2014 |

## 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 Orthopedic Surgery 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:

The injured worker is a 50 year old female who sustained an injury on 09/14/01 when she fell. The injured worker has been followed for ongoing complaints of chronic low back pain radiating to the lower extremities. Prior conservative treatment has included acupuncture therapy as well as chiropractic manipulation and physical therapy. The injured worker has had multiple injections and was provided a transcutaneous electrical nerve stimulation (TENS) unit. Multiple medications were noted to include the use of Amitriptyline, Soma, Ambien, Flurazepam, Gabapentin, Lyrica, and Tramadol. The injured worker had no pertinent surgical history for the lumbar spine. The injured worker is previously noted to have had discogenic pain established from discography. The injured worker was being followed for pain management and the clinical report on 02/10/14 noted continuing tenderness to palpation in the lumbar spine region with notable trigger points present at the outer quadrant of the buttocks. Mild spasms were also present and there was intact lumbar range of motion. Straight leg raise findings were negative bilaterally. No focal deficits in the lower extremities were noted and reflexes were diminished symmetrically at the patella and ankles. There was no evidence of sensory loss. The injured worker was assessed with lumbago and chronic pain syndrome and was recommended for a spinal cord stimulator trial at this evaluation. The injured worker was noted to have had multiple positive toxicology results for marijuana. The injured worker did have a pre-trial psychological assessment on 11/14/13 which found no counter indications for the trial. The requested spinal cord stimulator trial with fluoroscopic guidance and localization of the needle and catheter tip, the electronic analysis of the implanted neurostimulator pulse generator system, the implantable neurostimulator electrode, and the percutaneous implantation of the electrodes were all denied by utilization review on 04/17/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**SCS trial : fluoroscopic guidance and localization of needle or catheter tip for spine Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator Page(s): 105-107.

**Decision rationale:** In regards to the request for the spinal cord stimulator trial to include fluoroscopic guidance and localization of the needle, this reviewer would not have recommended this request as medically necessary based on the review of the clinical documentation submitted as well as current evidence based guidelines. Based on review of the clinical documentation, there are no indications for the use of a spinal cord stimulator for this injured worker. The injured worker does not meet any of the criteria for spinal cord stimulation to include diagnoses such as failed back surgery syndrome or complex regional pain syndrome (CRPS). The injured worker has no surgical history of the lumbar spine and did not present with any objective findings consistent with post-laminectomy or failed back surgery syndrome. There were also no objective findings consistent with CRPS in the lower extremities. Given the absence of any clinical indications for the use of a spinal cord stimulator as outlined by the current clinical literature, the SCS trial for fluoroscopic guidance and localization of needle or catheter tip for spine is not medically necessary.

**SCS trial: electronic analysis of implanted neurostimulator pulse generator system Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator Page(s): 105-107.

**Decision rationale:** In regards to the request for the spinal cord stimulator trial to include electronic analysis, this reviewer would not have recommended this request as medically necessary based on the review of the clinical documentation submitted as well as current evidence based guidelines. Based on review of the clinical documentation, there are no indications for the use of a spinal cord stimulator for this injured worker. The injured worker does not meet any of the criteria for spinal cord stimulation to include diagnoses such as failed back surgery syndrome or CRPS. The injured worker has no surgical history of the lumbar spine and did not present with any objective findings consistent with post-laminectomy or failed back surgery syndrome. There were also no objective findings consistent with CRPS in the lower extremities. Given the absence of any clinical indications for the use of a spinal cord stimulator

as outlined by the current clinical literature, the SCS trial for electronic analysis of implanted neurostimulator pulse generator system is not medically necessary.

**SCS trial: implantable neurostimulator electrode Qty: 16.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator Page(s): 105-107.

**Decision rationale:** In regards to the request for the spinal cord stimulator trial to include the implantable electrodes, this reviewer would not have recommended this request as medically necessary based on the review of the clinical documentation submitted as well as current evidence based guidelines. Based on review of the clinical documentation, there are no indications for the use of a spinal cord stimulator for this injured worker. The injured worker does not meet any of the criteria for spinal cord stimulation to include diagnoses such as failed back surgery syndrome or CRPS. The injured worker has no surgical history of the lumbar spine and did not present with any objective findings consistent with post-laminectomy or failed back surgery syndrome. There were also no objective findings consistent with CRPS in the lower extremities. Given the absence of any clinical indications for the use of a spinal cord stimulator as outlined by the current clinical literature, the SCS trial for implantable neurostimulator electrode is not medically necessary.

**SCS trial : percutaneous implantation of neurostimulator electrode array Qty: 11.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator Page(s): 105-107.

**Decision rationale:** In regards to the request for the spinal cord stimulator trial to include the implantation of the electrode array, this reviewer would not have recommended this request as medically necessary based on the review of the clinical documentation submitted as well as current evidence based guidelines. Based on review of the clinical documentation, there are no indications for the use of a spinal cord stimulator for this injured worker. The injured worker does not meet any of the criteria for spinal cord stimulation to include diagnoses such as failed back surgery syndrome or CRPS. The injured worker has no surgical history of the lumbar spine and did not present with any objective findings consistent with post-laminectomy or failed back surgery syndrome. There were also no objective findings consistent with CRPS in the lower extremities. Given the absence of any clinical indications for the use of a spinal cord stimulator as outlined by the current clinical literature, the SCS trial for percutaneous implantation of neurostimulator electrode array is not medically necessary.