

<b>Case Number:</b>	CM14-0074899		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/08/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 patient is a 60-year-old male who has submitted a claim for lumbar spine radiculopathy, diabetes mellitus uncontrolled, lumbar spondylosis without myelopathy, lumbar stenosis with neurogenic claudication, and lumbar HNP associated with an industrial injury date of February 8, 2011. Medical records from 2013-2014 were reviewed. The patient complained of low back pain, rated 3/10 in severity. The pain was characterized as aching, cramping, shooting, stabbing, and tender. Patient had a spinal cord stimulator trial on April 23, 2014 which alleviated his pain. There was 95% pain relief since the treatment. There was also report of less anti-inflammatory, anti-spasmodic, and opioid analgesic medication intake. There were also functional improvements such as dressing/undressing, functional transfer, standing time, turning, and walking. Physical examination showed moderate spasm and moderate tenderness along the bilateral lumbar spine. Range of motion was limited. Straight leg raise test was positive bilaterally at L5 and S1. Sensation to light touch was increased with decreased dysesthesias, hyperpathia, and paresthesias along the bilateral L5 and S1 distribution. There was trace reflex at the bilateral medial hamstring and bilateral Achilles. Imaging studies were not available for review. Treatment to date has included medications, home exercise program, activity modification, lumbar epidural steroid injection, H-wave, and spinal cord stimulator trial. Utilization review, dated May 13, 2014, denied the request for permanent spinal cord stimulator for the lumbar spine because it was not clear what specific functional benefit was obtained during the spinal cord stimulator trial, and there was no discussion of reduction of medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**permanent spinal cord stimulator for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 101, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Spinal cord stimulators.

**Decision rationale:** As stated on pages 101, 107 of the CA MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines Pain Chapter, criteria for permanent spinal cord stimulator 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, psychological clearance indicates realistic expectations and clearance for the procedure, there is no current evidence of substance abuse issues, and evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. In this case, a spinal cord stimulator trial was done on April 23, 2014 with a reported 40% reduction in pain. In the progress report dated April 29, 2014, there was greater than 95% pain relief since the treatment. There was also report of less medication intake, and there were also functional improvements such as dressing/undressing, functional transfer, standing time, turning, and walking. However, previous psychological evaluation dated February 6, 2014 diagnosed the patient with moderate to severe major depressive disorder and was advised psychological support both pre- and post-implant. There was no psychological assessment on the medical records submitted after the spinal cord stimulator trial. The patient warrants further psychotherapy and a psychological clearance prior to the procedure. Therefore, the request for permanent spinal cord stimulator for the lumbar spine is not medically necessary.