

<b>Case Number:</b>	CM14-0075168		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/28/2002
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/05/2014
<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 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:

The patient is a 46-year-old male who has submitted a claim for lumbar radiculopathy, cauda equina syndrome, persistent low back pain/lumbalgia, neurogenic bowel/bladder, neuropathic pain, and insomnia persistent associated with an industrial injury date of 12/28/2002. Medical records from 01/16/2007 to 07/25/2014 were reviewed and showed that patient complained of low back pain graded 5-9/10 radiating down right lower extremity. Physical examination revealed tenderness over right paraspinal lumbar/sacrum. SLR and facet load tests were negative. Patrick's test was positive on the right. MRI of the lumbar spine dated 04/28/2011 revealed a prior L5 laminectomy, L4-5 small disc bulge and mild spinal stenosis, and L5-6 moderate disc bulge. Treatment to date has included L4-5 laminectomy with disc excision and decompression (03/24/2003), home exercise program, chiropractic treatment, and pain medications and patches. Of note, lumbar epidural steroid injection was denied (05/05/2014). Utilization review dated 05/05/2014 denied the request for spinal cord stimulator under fluoroscopy because there was no documentation that ESI was performed no documentation showing conservative care program was attempted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator trial under fluoroscopy.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATORS Page(s): 105-107.

**Decision rationale:** According to pages 105 to 107 of the CA MTUS Chronic Pain Medical Treatment Guidelines, spinal cord stimulators are recommended only for cases when less invasive procedures have failed or are contraindicated. Indications for stimulator implantation include: failed back syndrome; Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD); post amputation pain (phantom limb pain); Post herpetic neuralgia; spinal cord injury dysesthesias; pain associated with multiple sclerosis and peripheral vascular disease. In this case, the patient complained of chronic low back pain. It was noted on 05/05/2014 that lumbar ESI has not been approved. There is insufficient information to determine if less invasive procedures have failed. Moreover, the patient did not have the aforementioned indications for stimulator implantation. There is no clear indication for spinal cord stimulator trial based on the available medical records. Therefore, the request for Spinal cord stimulator trial under fluoroscopy is not medically necessary.