

<b>Case Number:</b>	CM14-0078242		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/04/1983
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 female with a reported date of injury on 07/04/1983. The mechanism of injury was caused by lifting in the storage room. The injured worker's diagnosis included status post chymopapain injection (L4-L5 and/or L5-S1 disc, level unconfirmed). Status post attempted dynamic stabilization (levels uncertain). Status post attempted L5-S1 and possible L4-5 non-instrumented spinal fusion with allograft probable pseudoarthrosis and degenerative disc disease L5-S1. The injured worker has undergone 3 back surgeries: 1984, 1985, and 1986. The injured worker rated her pain at 6/10. The documentation dated 05/05/2014 indicates that the injured worker does not take pain medications. The injured worker's medication regimen included Lidoderm patches and ibuprofen. The injured worker underwent psychological evaluation which was noted to reveal that the physician indicated that the injured worker does not require psychological services. The injured worker presented with no change in her symptoms with constant severe back and bilateral radiating leg pain, left greater than right, describing a searing, burning and cramping. The lumbar range of motion was restricted in all planes. No focal, motor, or essential deficits were present in the lower extremities. The physician indicated that the injured worker was referred for a spine stimulator as the patient has stated that she does not want to be a "drug addict." The request for authorization for Spinal Cord Stimulator (SCS) trial with dual electrode leads and external programmer was submitted on 05/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator (SCS) trial with dual electrode leads and External Programmer:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 105, 107.

**Decision rationale:** The MTUS guidelines recommend spinal cord stimulator for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, following a successful temporary trial. Indications for stimulator implantation would include failed back syndrome, persistent pain in patients whom have undergone at least one previous back operation (more helpful for lower extremities than lower back pain, although both stand to benefit from 40% to 60% success rate 5 years after surgery.) Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70% to 90% success rate, at 14 to 41 months after surgery. There's a lack of documentation related to the injured worker's utilization and subsequent failure in physical therapy and other conservative care. There's a lack of documentation related to the injured worker's functional deficit to include range of motion values and degrees. There's lack of documentation in utilization of the VAS pain scale. The documentation provided for review indicates the injured worker does not utilize pain medication. Further request for Spinal Cord Stimulator (SCS) trial with dual electrode leads and external programmer is not medically necessary and appropriate.