

<b>Case Number:</b>	CM14-0086798		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/28/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 38-year-old female patient with a 9/28/09 date of injury. She injured herself when she stepped off the curb and injured her right ankle. A progress report dated on 6/9/14 indicated that the patient complained of lower back and right lower extremity pain. The patient described the pain as a dull ache, sharp, shooting, burning and throbbing pain. The patient's pain was 60% in the right ankle and 40% in the lower back. Her pain was 9/10 (increased from 6/10) with 40% functionality. She continued to go through psychological clearance for SCS trial. Physical exam revealed tenderness to palpation over lumbar facet joints and bilateral trochanteric bursas. On 6/24/14 behavioral progress report indicates that the patient was not a good candidate for SCS due to psychiatric reason. She was diagnosed with complex regional pain syndrome over the right lower extremity, Lumbar spondylosis, chronic pain syndrome and opioid dependence. Treatment to date: medication management, TENS unit (no result), it was recommended more consultations with the psychiatrist prior to proceeding with the TSCS. There is documentation of a previous 5/14/14 adverse determination. The decision for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temporary Spinal Cord Stimulator:** 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 Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines & ODG criteria for SCS trial 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 (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse issues; and that there are no contraindications to a trial. In addition, Neurostimulation is generally considered to be ineffective in nociceptive pain. CA MTUS recommended SCS for the patient with psychological clearance indicated realistic expectations and clearance for the procedure. However, a progress report dated on 6/24/14 indicated that the patient was not a good candidate for TSCS. In addition, she was diagnosed with opioid dependence. It was recommended that she undergo further psychiatric counseling prior to proceeding with a spinal cord stimulator. Therefore the request for Temporary Spinal Cord Stimulator was not medically necessary.