

<b>Case Number:</b>	CM14-0189696		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	05/11/2009
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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:

This is a 62-year old female with a 5/11/09 injury date. In a 10/7/14 note, the provider stated that the patient's pain severity had persisted while recent treatment had been denied. The patient's surgeon had recommended spinal cord stimulator (SCS) to reduce the pain in the back, right hip, and leg. Her current medications, including Norco, Wellbutrin, and Zolpidem have decreased symptoms by over 50%. In an 11/25/14 note, the patient was very upset at the recent denial of SCS. The patient required a cane and home health to assist her with all ADL's. Norco will need to be increased significantly for increasing pain levels. The patient complained of continued lower back pain and radiating right leg pain. Objective findings included lower extremity hypersensitivity by tuning fork, facet-mediated pain, limited lumbar range of motion, severe lumbar tenderness, 4/5 strength in the right lower extremity, asymmetric reflexes, and decreased functional capacities. There are multiple references to previous psychological evaluations, regarding future interventional treatments. Diagnostic impression: lumbar radiculopathy, s/p lumbar fusion, failed back surgery syndrome. Treatment to date: home exercise, physical therapy, medications, lumbar fusion. A UR decision on 10/17/14 denied the request for spinal cord stimulator because the patient's pain was documented as being controlled with current treatment and the current medication use was minimal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter--Spinal cord stimulator

**Decision rationale:** CA MTUS criteria for permanent SCS 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. This patient appears to meet the criteria for SCS implantation. The patient has been diagnosed with chronic pain due to failed back surgery syndrome and there has been a limited response to an appropriate treatment regimen. There appears to be no substance abuse issues and the patient has signed an opioid contract. Her medication schedule has generally resulted in at least 50% reduction of pain relief, current flare-up excluded. There is a history of psychological visits in which future interventional procedures were discussed. Therefore, the request for spinal cord stimulator is medically necessary.