

<b>Case Number:</b>	CM14-0194354		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	10/14/2007
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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:

43 year old female claimant with an industrial injury dated 10/14/07. The patient is status post a L4-S1 fusion as of 11/12/11. Conservative treatments have included three epidural steroid injections, physical therapy, and acupuncture with little pain relief. CT myelogram of the lumbar spine dated 09/29/14 demonstrates evidence of postsurgical changes from a posterior spinal fusion without hardware complications present, mild spinal canal stenosis at L3-4, a 2mm disc bulge, and mild loss of disc height. Exam note 10/01/14 states the patient returns with left greater than right lower extremity weakness. The patient also complains of left foot weakness and uses a cane for mobility. Current medications include Naproxen and gabapentin. Upon physical exam there was evidence of a gait problem and tenderness. The patient rates the pain a 5/10 with the pain radiating down both legs. Exam demonstrates normal range of motion with normal strength and normal reflexes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IMPLANT NEUROELECTRODES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 106-107.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, pages 106-107 states that Indications for stimulator implantation:- Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar.- Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.)- Post amputation pain (phantom limb pain), 68% success rate- Post herpetic neuralgia, 90% success rate- Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury)- Pain associated with multiple sclerosis- Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. In this case the exam note from 10/1/14 does not demonstrate any of the above indications as being satisfied. Therefore the determination is for non-certification.