

<b>Case Number:</b>	CM14-0194967		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/14/2014
<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 Internal 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 injured worker (IW) is a 44-year-old man with a date of injury of October 28, 2008. The mechanism of injury occurred while the IW was working as a canine officer at a canine school. He was running from a dog and stepped in a gopher hole. The 125-pound dog hit him in the lower back with the muzzle. He subsequently fell down a hill and felt a "pinch" in his back. He initially had conservative care, but did not get much better. MRI of the lumbar spine revealed a disc bulge that eventually progressed to a herniated disc at L4-S1, which is "hitting the nerves", according the IW. The current working diagnoses include L4-L5 and L5-S1 spondylosis; and lumbar radiculitis. Pursuant to the Treating Physician's Pain Management Progress Report dated December 5, 2014, the IW complains of lower back pain and leg pain. The pain is overall better this month due to exercises. The radiation comes and goes, but the back pain is constant. An initial spinal cord stimulator (SCS) was denied. Physical examination reveals lumbar curvature is normal. There was no increase pain with passive in full rotation in either direction bilaterally. Cranial nerves II-XII are grossly intact. Current medications include Flexeril 10mg, Norco 10/325mg, Ambien 5mg, Claritin-D 5mg, Xanax 0.25mg, Sudafed 12 Hour 120mg, and Sprix 15.75mg/nasal spray. The treating physician documents that surgery is not indicated at this time. The provider is re-submitting a request for Spinal Cord Stimulator (SCS) trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial Of Spinal Cord Stimulator:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Spinal Cord Stimulator

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, Official Disability Guidelines and the ACOEM, trial spinal cord stimulator is not medically necessary. Spinal cord stimulator (SCS) is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions and guidelines, and following a successful temporary trial. There is limited evidence in favor of spinal cord stimulator's for failed back surgery syndrome and complex regional pain syndrome type I. More trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. Indications for stimulator implantation are enumerated in the Official Disability Guidelines. The revised November 2007 ACOEM guidelines state spinal cord stimulator is not recommended for treatment of acute, subacute or chronic low back pain. They are not recommended for treatment of radicular pain syndromes or fail back surgery syndrome. See the guidelines for additional details. In this case, the injured worker's working diagnoses are L4 - L5 and L5 - S1 spondylosis; lumbar radiculitis; lumbar spondylosis; degenerative lumbar disc; low back pain; and myalgia. The date of injury is October 2, 2008. The documentation does not reflect any prior failed surgeries or complex regional pain syndromes. The guidelines indicate more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. The ACOEM and guidelines states SCS is not recommended for the treatment of acute, subacute or chronic low back pain. Consequently, absent the appropriate documentation and clinical indications, spinal cord stimulator trial is not medically necessary.