

<b>Case Number:</b>	CM14-0197405		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	06/04/2003
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 55-year-old female who reported an injury on 06/04/2003. The mechanism of injury was not provided. The diagnoses included lower back pain, primary fibromyalgia syndrome, disorder of the back, disorder of the trunk, spinal stenosis of the lumbar region, backache, lumbar post laminectomy syndrome, displacement of lumbar intervertebral disc without myelopathy, and long term drug therapy. Medications included Norco, tramadol, and a spinal cord stimulator. Prior treatments were not provided. The patient presented on 05/19/2014 with ongoing lower back pain, and left lower radicular pain. She reports numbness to the bilateral feet which comes and goes. The injured worker purchased a swim spa for her home and swims nearly every day to assist with decreasing pain. The objective findings of the lumbar spine revealed no contractures, no myoligamentous tenderness or bony abnormalities, and normal movement in all extremities. Cervical spine revealed normal extension/flexion and a negative Spurling's maneuver; no tenderness of the SI joint, no tenderness over the greater trochanteric bursa or trigger point pain; negative Patrick's test. Neurological examination revealed normal bulk and tone, no tremors, rigidity, or bradykinesia. Gait and station are normal gait; however, abnormal decreased left lateral lethargy and left second and third toes. The treatment plan included SCS reprogramming. The request for authorization dated 02/03/2014 was submitted within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator (SCS) Reprogramming:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-106.

**Decision rationale:** The request for Spinal Cord Stimulator (SCS) Reprogramming is not medically necessary. The California MTUS Guidelines state that implantable spinal cord stimulators are rarely used and should be reserved for injured workers with low back pain for more than 6 months duration who have not responded to the standard non-operative or operative interventions. Indications for the use of stimulator implantation are failed back syndrome, complex regional pain syndrome, post-amputation pain, post-herpetic neuralgia, spinal cord injury dysesthesias and pain associated with multiple sclerosis as well as peripheral vascular disease. The guidelines recommend spinal cord stimulators for injured workers who have undergone at least 1 previous back operation and who are not a candidate for repeat surgery with symptoms of primarily lower extremity radicular pain, a psychological clearance, no current evidence of substance abuse issues and no contraindications to a trial; permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after the temporary trial period. The clinical notes indicated that the patient presented with pain; however, the objective findings were unremarkable/within normal limits; full range of motion, there were no functional deficits. The documentation did not provide any functional pain measurements. Additionally, the 03/11/2014 notes indicated that the patient had the spinal cord implant stimulator which had decreased her pain 65% to 75% with a decrease in her medication along with the exercising in her pool. Therefore, the request for Spinal Cord Stimulator (SCS) Reprogramming is not medically necessary.