

<b>Case Number:</b>	CM14-0197568		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	01/29/2009
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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:

The patient is a 67-year-old male who has submitted a claim for degeneration of lumbar or lumbosacral intervertebral disc, and displacement of lumbar intervertebral disc without myelopathy associated with an industrial injury date of 1/29/2009. Medical records from 2014 were reviewed. The patient complained of persistent low back pain radiating to bilateral lower extremities rated 8-9/10 in severity aggravated by prolonged sitting. Physical examination showed taut right paraspinal muscles, limited lumbar motion, and antalgic gait. Treatment to date has included lumbar epidural steroid injection, medications and physical therapy. The rationale for a spinal cord stimulator is due to persistent low back pain and the patient defers surgery. The utilization review from 10/29/2014 denied the request for 1 trial of spinal cord stimulator for chronic low back pain because of no indication that the patient had a failed back surgery syndrome to support the need for a spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 trial of Spinal Cord Stimulator for chronic low back pain:** Upheld

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

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

**Decision rationale:** As stated on the CA MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines Pain Chapter, criteria for permanent spinal cord stimulator 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. In this case, the rationale for a spinal cord stimulator is due to persistent low back pain and the patient defers surgery. The patient complained of persistent low back pain radiating to bilateral lower extremities rated 8-9/10 in severity aggravated by prolonged sitting. Physical examination showed taut right paraspinal muscles, limited lumbar motion, and antalgic gait. Symptoms persisted despite lumbar epidural steroid injection, medications and physical therapy. However, the patient does not meet the guideline criteria for a spinal cord stimulator. There is no previous lumbar surgery and the patient has no psychological assessment on the medical records submitted. Therefore, the request for 1 trial of spinal cord stimulator for chronic low back pain is not medically necessary.