

<b>Case Number:</b>	CM14-0199320		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	02/25/2003
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 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 male patient with a date of injury of February 25, 2003. A utilization review determination dated October 28, 2014 recommends non-certification of a neurostimulator T1x1 unit, T2x1 unit, T3x1 unit, and T4x1 unit. A progress note dated October 1, 2014 identifies subjective complaints of constant low back pain rated at a 7.5-8/10, with radiation to the right foot with associated numbness and tingling. The patient also complains of spasm in the low back, spasm in the left hip, intermittent left hip pain, intermittent bilateral knee pain, and coccyx pain. The patient reports that his quality of life is limited due to pain, Norco and Soma provides about 80% relief, he is not attending physical therapy, and he is on a home exercise program. The physical examination reveals trigger points of the lumbar spine at L4-L5 and L5-S1 bilaterally, tenderness to palpation over the right hip and trochanteric bursa, and Gaenslen's and sacroiliac compression tests are positive bilaterally. The diagnoses include status post facet block, status post right L4 radiofrequency neurotomy with 70% relief of right-sided back pain, chronic coccygeal pain and subluxation status post coccyx dislocation, status post total disc replacement at L5-S1 with residuals, right lower extremity radiculopathy, status post left ankle fracture, trochanteric bursitis right greater than left, acute flare-up of lumbar spine pain with radiculitis, acute flare-up of facet arthropathy with facet syndrome at L5-S1 bilaterally, neuropathic pain in the right lower extremity, history of artificial disc replacement at L5-S1 with residual back and leg pain, facet arthropathy at bilateral L5-S1, neuropathic pain in the lower extremities, status post radiofrequency ablation at L4 and L5 with excellent relief of back pain for two years, and myofascial pain and spasm. The treatment plan recommends waiting for the patient to schedule coccyx block, recommendation for industrial lumbosacral orthosis, prescription for soma 350 mg #90, and a prescription for Norco 10/325 #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurostimulator T1 x 1 unit, T2 x 1 unit, T3 x 1 unit, T4 x 1 unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 38,101,105-107.

**Decision rationale:** Regarding the request for a neurostimulator T1x1 unit, T2x1 unit, T3x1 unit, and T4x1 unit, the Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, it does not appear that all invasive procedures have failed, as the requesting physician notes that the patient obtained relief from radiofrequency ablation treatments of about 70%. Furthermore, there is no documentation that the patient has undergone a successful psychological clearance evaluation. In the absence of such documentation, the currently requested neurostimulator T1x1 unit, T2x1 unit, T3x1 unit, and T4x1 unit is not medically necessary.