

<b>Case Number:</b>	CM14-0203578		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	02/11/2010
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Interventional Spine 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 51 year old male with an injury date on 2/11/10. The patient complains of low lumbar pain, and pain in the left leg/buttocks per 11/13/14 report. The patient states that the pain radiates into the left lower extremity and left leg, with pain rated 5/10 on average, and currently rated 7/10 per 11/13/14 report. The patient had a recent trigger point injection with reduced pain rating to 2/10 from 5/10 on average per 10/16/14 report. The patient does not use any assistive devices per 10/16/14 report. Based on the 11/13/14 progress report provided by the treating physician, the diagnoses are: 1. Degenerative lumbar intervertebral disc2. Lumbago3. Chronic pain due to traumaA physical exam on 11/13/14 showed "no acute distress. Weight: 185 lbs. BMI: 28." No range of motion testing was included in documentation. The patient's treatment history includes medications, TENS unit, trigger point injection (local) and "self-care activities" per 11/13/14 report. The treating physician is requesting spinal cord stimulator trial with fluoroscopy guidance and monitored anesthesia care (MAC) for the lumbar spine. The utilization review determination being challenged is dated 11/27/14. The requesting physician provided treatment reports from 4/10/14 to 11/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator trial with fluoroscopy guidance and monitored anesthesia care (MAC) for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Indications for stimulator implantation Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation Page(s): 105-107.

**Decision rationale:** This patient presents with lower back pain, left leg/buttocks pain. The treater has asked for Spinal cord stimulator trial with fluoroscopy guidance and monitored anesthesia care (MAC) for the lumbar spine on 11/13/14. The patient had a prior psychiatric evaluation which cleared him for a spinal cord stimulation trial per 11/13/14 report. The 11/13/14 report quotes a QME by Dr. E (date of report unspecified) which states: "he really should have some psychological support...if it does not provide adequate benefit and if definitive surgical treatment is not contemplated, then I would not have any objection to trial spinal stimulation and permanent implantation." MTUS recommends neurostimulation when less invasive procedures have failed or are contraindicated, for failed back surgery syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesias, multiple sclerosis, peripheral vascular disease, and angina - following a successful trial. In this case, the patient presents with chronic back pain and has failed conservative treatment. A QME recommends a spinal cord stimulator, as surgical intervention is not being considered, but does not explain why it would be beneficial. The patient does not present with any of the indications per MTUS guidelines for a spinal cord stimulator. While the patient suffers from chronic low back pain, there is no evidence of prior surgery with failed back. The requested spinal cord stimulator trial is not medically necessary.