

<b>Case Number:</b>	CM14-0206109		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	06/18/2010
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 58 year old male, who sustained an industrial injury on 06/18/2010. He has reported injury to the low back. The diagnoses have included lumbar post-laminectomy syndrome with residual left lower extremity radicular symptoms; and status post left L4-5 laminotomy/discectomy and foraminotomy, on 06/27/2013. Treatment to date has included medications, diagnostics, lumbar epidural steroid injections, trigger point injections, physical therapy, and surgical intervention. Medications have included Tramadol, Norco, Neurontin, Naproxen, and Prilosec. A progress report from the treating physician, dated 11/04/2014, documented an evaluation with the injured worker. The injured worker reported continued ongoing debilitating pain in his lower back which radiates down to his left lower extremity; his pain can go as high as 9/10 in intensity on the pain scale; the pain is often aggravated by any type of bending, twisting, and turning; and he is miserable and reports significant limitations in both mobility and activity tolerance. It is noted that he remains symptomatic after his surgery; he is hesitant to undergo further surgery; the lumbar epidural injection only provided short-term benefit; and he received a psyche clearance to undergo a spinal cord stimulator trial. Objective findings included tenderness to palpation bilaterally of the posterior lumbar musculature, with increased muscle rigidity; there are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles; decreased range of motion with obvious muscle guarding; lower extremity motor testing is limited secondary to pain; sensory exam with Wartenberg pinprick wheel is decreased along the posterior lateral thigh and lateral calf on the left in approximately the L5-S1 distribution; and straight leg raise is positive on the left, causing

radicular symptoms in his left lower extremity. The treatment plan has included the request for spinal cord stimulator trial.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Spinal Cord Stimulator Trial: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, spinal cord stimulators.

**Decision rationale:** The MTUS addresses use of spinal cord stimulators, stating that they are rarely used and should be reserved for patients with low back pain for more than six months duration who have not responded to the standard non-operative or operative interventions. According to the ODG there is some evidence supporting the use of Spinal Cord Stimulation (SCS) for Failed Back Surgery Syndrome (FBSS) and other selected chronic pain conditions. Spinal Cord Stimulation is a treatment that has been used for more than 30 years, but only in recent years has it met with widespread acceptance and recognition by the medical community. [REDACTED] note from November 2014 recommends use of a spinal cord stimulator and it appears that the patient meets criteria to proceed with a trial of a spinal cord stimulator based on history of failed modalities to this point. Therefore, based on the clinical records and recommendations of the guidelines, in the opinion of this reviewer, a trial of spinal cord stimulator is warranted and medically appropriate.