

<b>Case Number:</b>	CM14-0208041		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 53 year old male who was injured on 3/22/2013 while hooking gear up to a trailer. He was diagnosed with lumbar radiculopathy. He was treated with surgery (lumbar), medications, physical therapy, injections, and trial of SCS (started 11/5/14). A reprogramming of the SCS was performed twice upon follow-up after a trial in 11/14. Then, on 11/11/14, the worker was again seen by his primary treating physician reporting getting good leg coverage with the SCS device, but was still bothered by his back pain, especially when driving. Analysis and reprogramming was completed to optimize the stimulation to cover the back pain as well as the leg symptoms, and the worker was then sent back to work. A request was then made on behalf of the worker for a consultation for paddle lead implantation for a permanent SCS, without explanation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult for paddle lead implantation for permanent SCS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 105-107. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 page. 127

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The MTUS Chronic Pain Treatment Guidelines also state that spinal cord stimulators (SCS) are indicated only in the following situations: 1. Failed back surgery syndrome, 2. Complex regional pain syndrome/reflex sympathetic dystrophy, 3. Post amputation pain (phantom limb pain), 4. Post herpetic neuralgia, 5. Spinal cord injury dysesthesias (radiculopathy related to spinal injury), 6. Pain associated with multiple sclerosis, and 7. Peripheral vascular disease causing pain. SCS may be recommended only after careful counseling and comprehensive multidisciplinary medical management and with continued physical therapy. In situations of poor pain control or ineffectiveness after implantation, reprogramming or adjusting the settings of the device is recommended. Also, paddle leads tend to move less than regular leads, if this is suspected. In the case of this worker, who had trialed an SCS and had it reprogrammed twice, the provider requested a consultation for paddle lead implantation before assessing how the most recent reprogramming from the most recent office visit affected the worker's back and leg symptoms. Only after this reassessment would consideration for a procedure be reasonable. Therefore, for now, the consultation for paddle lead implantation will be considered medically unnecessary.