

<b>Case Number:</b>	CM14-0022273		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	09/02/2003
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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, has a subspecialty in Spine Surgery 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 injured worker is a 36-year-old female who reported an injury on 08/09/2003. The mechanism of injury was not specified. Her diagnoses included chronic lumbar postlaminectomy syndrome and lumbosacral spondylosis and sacroiliitis. Her past treatments included medications and surgery. Her most recent diagnostic studies included an x-ray of the lumbar spine, performed on 01/21/2013, and an electrodiagnostic study, performed on 10/30/2013, which revealed electrophysiological evidence for moderate bilateral S1 sensory radiculopathy. Her surgical history included multiple lower back surgical procedures, including L4, L5, and S1 microdiscectomy in 01/2004; double laminectomy in 12/2004; anterior L5-S1 fusion and L4-5 disc replacement in 03/2009; and a low back surgery performed in 12/2012 which was complicated by a screw impacting the sciatic nerve requiring repeat surgery the following day to remove the screw. The progress note dated 01/15/2014 indicated the injured worker presented for a followup visit with complaints of pain to the low back and lower extremities. It was noted that the injured worker received a lumbar epidural steroid injection 1 week prior to this visit with no pain relief. The physical examination of the lumbar spine indicated tenderness with moderately reduced range of motion. Her current medications included Robaxin 750 mg; promethazine 25 mg; OxyContin 10 mg 12 hour tablets; OxyContin 20 mg 12 hour tablets; oxycodone 10 mg; Lidoderm 5% 700 mg patch; and Ambien CR 12.5 mg extended release. The request was for an implantation of spinal cord stimulator; the rationale for the request and the Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IMPLANTATION OF SPINAL CORD STIMULATOR:** 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 (SCS) Page(s): 105-107.

**Decision rationale:** The request for implantation of a spinal cord stimulator is not medically necessary. The California MTUS Guidelines recommend spinal cord stimulators only for selective patients in cases when less invasive procedures have failed or are contraindicated. The guidelines indicate that although there is limited evidence in favor of spinal cord stimulators for failed back surgery syndrome and complex regional pain syndrome type 1, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. Indications for stimulator implantation include failed back syndrome with persistent pain in injured workers who have undergone at least 1 previous back operation. The guidelines also indicate a psychological evaluation be performed prior to spinal cord stimulator implantation and a successful initial implant trial is recommended. While the documentation provided evidence of the injured worker undergoing multiple surgical procedures of the lower back with complications and persistent symptomatology, the documentation failed to provide evidence of a psychological evaluation as indicated in patients with chronic pain to rule out psychologically mediated pain syndromes. Additionally, the documentation failed to demonstrate evidence of a successful trial of a spinal cord stimulator. As the clinical documentation did not provide sufficient evidence to support the guideline recommendations, the request for implantation of spinal cord stimulator is not medically necessary.