

<b>Case Number:</b>	CM15-0003130		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	05/03/1999
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45 year old female, who sustained an industrial injury on 5/3/99. She has reported bilateral knee pain. The diagnoses have included lumbar spine radiculopathy, lumbar spine status post-surgery, left knee sprain/strain, right knee sprain/strain and stress, anxiety and depression. Treatment to date has included pain management, medications, epidural steroid injection, acupuncture and TENS unit. Magnetic Resonance Imaging (MRI) of lumbosacral spine was performed on 3/13/12 revealing 2mm left posterolateral disc protrusion at L4-5 and L5-S1. Currently, the IW complains of low back pain and constant bilateral knee pain with radiation to both feet causing numbness and tingling. PR2 dated 12/14/14 revealed tenderness to palpitation over midline lumbar spine, bilateral paraspinals and bilateral gluts with decreased sensation in bilateral feet and toes, tenderness of right knee to palpitation over the posterior region and tenderness to palpitation over the medial joint line with crepitus. On 12/26/14 Utilization Review non-certified a Spinal cord stimulator trial, noting it is a duplicate request that has already been non-certified. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/27/14, the injured worker submitted an application for IMR for review of Spinal cord stimulator trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Spinal Cord Stimulator Trial:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulation Page(s): 105-107, 101.

**Decision rationale:** The 45 year old patient presents with low back pain radiating down to bilateral lower extremities that is aggravated by activity and walking, as per progress report dated 12/08/14. The request is for 1 SPINAL CORD STIMULATOR TRIAL. The RFA for this case is dated 12/15/14, and the date of injury is 05/03/99. The pain is rated at 8-9/10 with medications and 10/10 without medications. MRI of the lumbar spine, dated 03/13/12 and reviewed in progress report dated 12/08/14, revealed posterolateral disc protrusion and mild neural foraminal narrowing at L4-5 and L5-S1. The patient has been diagnosed with chronic pain, lumbar radiculopathy and obesity, and is status post lumbar surgery --- date not mentioned ---, as per progress report dated 12/08/14. Current medications, as per the same report, include Gabapentin, Hydrocodone, Pantoprazole, Tizanidine, Aspirin, Compazine, Lorazepam, Lotensin, Norvasc, Trazodone, Zantac, Coxpaxone, Gentamicin, Ibuprofen, Keflex, Promethazine, Risperidone, and Lithium carbonate. The patient is not working, as per progress report dated 12/08/14. MTUS Guidelines page 105 to 107 states that spinal cord stimulation is "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis, and peripheral vascular disease. MTUS page 101 states that psychological evaluation is "recommended pre-intrathecal drug delivery systems and spinal cord stimulator trial." In this case, the patient underwent lumbar fusion surgery in 2000 but the pain returned after a five years, as per progress report dated 10/29/14. In progress report dated 12/08/14, the patient reports that conservative treatments including TENS unit, acupuncture, muscle relaxants, NSAID, opioids, and sleep medications are being helpful. However, the patient continues to rate the pain level as 8-9/10 with medications and 10/10 without them. In progress report dated 12/02/14, the primary care physician states that the patient has cleared the psychiatric evaluation for spinal cord stimulator trial and is a candidate for the procedure. The UR has denied the trial stating that it is a duplicate request that has already been denied in the past. Nonetheless, given the patient's severe pain in spite of lumbar surgery and significant conservative care as well as supportive psychiatric evaluation, a trial for SCS appears reasonable and IS medically necessary.