

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0006782 |                              |            |
| <b>Date Assigned:</b> | 01/22/2015   | <b>Date of Injury:</b>       | 12/17/2010 |
| <b>Decision Date:</b> | 03/30/2015   | <b>UR Denial Date:</b>       | 12/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/13/2015 |

### 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: Orthopedic Surgery

### 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 51 year old male who sustained an industrial injury on 12/17/2010. He has reported low back injury. The diagnoses have included chronic lumbar radiculopathy and degenerative spondylosis. Treatment to date has included therapy, home exercises, bilateral lumbar 5-sacral 1 laminectomy and discectomy in March 2011 and redo on 1/29/2013 with additional posterior fusion of lumbar 4 to sacral 1, epidural injections and medication management. Exam note from 11/6/14 demonstrates the IW complains of lumbar pain with left leg pain. Treatment plan included surgical insertion of a spinal cord stimulator to the lumbar spine and a preoperative psychological evaluation and clearance for a spinal cord stimulator trial. On 12/9/2014, Utilization Review non-certified review of surgical insertion of a spinal cord stimulator to the lumbar spine and a preoperative psychological evaluation and clearance for a spinal cord stimulator trial, noting the injured worker reported significant improvement with the medication Lyrica. The MTUS was cited. On 12/22/2014, the injured worker submitted an application for IMR for surgical insertion of a spinal cord stimulator to the lumbar spine and a preoperative psychological evaluation and clearance for a 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 Spinal Cord Stimulator Trial to be performed by a pain management specialist, preferably [REDACTED], for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stimulator implantation Page(s): 106-107.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, pages 106-107 states that Indications for stimulator implantation: -Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. -Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.) -Post amputation pain (phantom limb pain), 68% success rate -Post herpetic neuralgia, 90% success rate -Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury) -Pain associated with multiple sclerosis- Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. In this case the exam note from 11/6/14 does not demonstrate any of the above indications as being satisfied. Therefore the determination is for non-certification.

**Preoperative psychological evaluation and clearance for spinal cord stimulator trial: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.