

<b>Case Number:</b>	CM15-0009953		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 61 year old male, who sustained an industrial injury on November 18, 2011. The injured worker has reported mid and low back pain. The diagnoses have included lumbar spondylosis. Treatment to date has included pain medication, MRI, lumbar x-rays, epidural steroid injections, rhizotomy and physical therapy. Current documentation dated December 5, 2014 notes that the injured worker complained of pain and weakness of the legs and cramping in the left foot. Associated symptoms include numbness and tingling of the buttocks and burning in the left leg. Physical examination of the cervical spine revealed a decreased extension. Lumbar spine examination revealed tenderness of the mid spine. On December 26, 2014 Utilization Review non-certified a request for a trial of a dorsal column spinal cord stimulator due to his current pain medication not being satisfactory. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On January 16, 2015, the injured worker submitted an application for IMR for review of a trial of a dorsal column spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of dorsal column spinal cord stimulator QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
 Page(s): 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-106.

**Decision rationale:** With regard to spinal cord stimulators, the MTUS CPMTG states: "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. 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. (Flotte, 2004) Review of the documentation submitted for review did not reveal any indications for stimulator implantation. The above citation applies to a permanent request, but also applies to trials of SCS. Additionally, there was no history of lumbar surgery. The request is not medically necessary.