

<b>Case Number:</b>	CM15-0100776		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	07/26/2010
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Emergency Medicine

### 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 48 year old male, who sustained an industrial injury on July 26, 2010. He reported pain of the low back and bilateral lower extremities due to repetitive work duties. The injured worker was diagnosed as having status post right lumbar 5-sacral 1 laminectomy-microdiscectomy in 2012 with residual signs and symptoms of right lower extremity radiculopathy, disc protrusion at left lumbar 4-lumbar 5, and failed back surgery syndrome. Diagnostic studies to date have included an MRIs and x-rays. Treatment to date has included physical therapy, acupuncture, a lumbar epidural steroid injection, and medications including pain and proton pump inhibitor. On April 7, 2015, the injured worker complains of worsening chronic and severe low back pain with numbness and tingling of the bilateral lower extremities and difficulty walking/standing. The pain radiates to the right knee, behind the knee, and posterior thigh. He now has left knee weakness, locking, buckling, popping, and giving away. The symptoms are described as moderate, constant, sharp, numbness, weakness, ache, and soreness. The physical exam revealed lumbar spine tenderness to palpation and guarding at the bilateral paravertebral and quadratus lumborum muscles, WHSS posterior mid line about 5 cm, positive straight leg raise right greater than the left, decreased motor strength of the right lumbar 5-sacral 1, decreased sensation at the right lumbar 5-sacral 1 dermatome, and decreased range of motion. The treatment plan includes a spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator for lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 148-53.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS), Psychological evaluations Page(s): 105-107, 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Spinal Cord Stimulators (SCS) and Official Disability Guidelines - Pain (Chronic), Spinal Cord Stimulators, Psychological Evaluation.

**Decision rationale:** The requested spinal cord stimulator for lumbar is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, spinal cord stimulators (SCS), pages 105-107 and psychological evaluations, Page 100-101; and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Spinal Cord Stimulators (SCS) and Official Disability Guidelines- Pain (Chronic), Spinal Cord Stimulators, Psychological Evaluation note that spinal cord stimulators are Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated; and Spinal cord stimulators (SCS) should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management; and Indications for stimulator implantation: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: (1) symptoms are primarily lower extremity radicular pain; there has been limited response to non- interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); (2) psychological clearance indicates realistic expectations and clearance for the procedure; (3) there is no current evidence of substance abuse issues; (4) there are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. The injured worker has worsening chronic and severe low back pain with numbness and tingling of the bilateral lower extremities and difficulty walking/standing. The pain radiates to the right knee, behind the knee, and posterior thigh. He now has left knee weakness, locking, buckling, popping, and giving away. The symptoms are described as moderate, constant, sharp, numbness, weakness, ache, and soreness. The physical exam revealed lumbar spine tenderness to palpation and guarding at the bilateral paravertebral and quadratus lumborum muscles, WHSS posterior mid line about 5 cm, positive straight leg raise right greater than the left, decreased motor strength of the right lumbar 5-sacral 1, decreased sensation at the right lumbar 5-sacral 1 dermatome, and decreased range of motion. The treating physician has not documented psychological clearance for a trial. The criteria noted above not having been met, Spinal cord stimulator for lumbar is not medically necessary.