

<b>Case Number:</b>	CM15-0136368		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	06/28/1992
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 54-year-old male, who sustained an industrial injury on June 28, 1992. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having post lumbar laminectomy syndrome, bilateral lower extremity radiculopathy with the left greater than the right, reactionary depression with anxiety, status post intradiscal electrothermal annuloplasty at lumbar two to three, lumbar three to four, and lumbar five to sacral one, status post posterior interbody fusion at lumbar four to five and lumbar five to sacral one, status post rapid opiate detoxification procedures, status post spinal cord stimulator implantation, status post removal of spinal cord stimulator secondary to infection, status post lumbar four to five pseudoarthrosis with repair and removal of posterior hardware, and status post lumbar two to three fusion. Treatment and diagnostic studies to date has included medication regimen, above noted procedures, electromyogram, magnetic resonance imaging of the lumbar spine, provocative discogram, trigger point injections to the low back, and lumbar epidural steroid injection. In a progress note dated June 04, 2015 the treating physician reports complaints of increased pain to the low back. The injured worker's pain level to the low back was rated a 9 out of 10. Examination reveals tenderness to palpation of the lumbar spine and the lumbar muscles with muscle rigidity bilaterally, antalgic gait favoring the left lower extremity, decreased range of motion to the lumbar spine with pain, positive straight leg bilaterally, decreased sensation to the left lower extremity, tenderness to palpation of the cervical spine and the cervical spine muscles with muscle rigidity bilaterally, and decreased range of motion to the cervical spine with pain. The

treating physician requested spinal cord stimulator trial utilizing Nevro ultra high frequency with the treating physician noting success with prior spinal cord stimulation noting that the device had to be removed secondary to infection. The treating physician also noted the recommendation of a trial to assess its effectiveness prior to re-implantation. The treating physician further noted that other treatment modalities have provided only short-term relief due to his condition worsening.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Durable medical equipment Spinal cord stimulator trial utilizing Nevro ultra high frequency:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulator (SCS) Page(s): 83.

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

**Decision rationale:** According to MTUS guidelines, spinal cord stimulator "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. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment types of chronic pain. (Mailis-Gagnon- Cochrane, 2004) (BlueCross BlueShield, 2004) See indications list below." 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) The patient developed chronic back pain that did not respond several pain management therapies. Although the patient condition may respond to a spinal cord stimulator, there are no controlled studies supporting the superiority of Nevro ultra high frequency to other FDA approved stimulators. Therefore, the request for cervical spinal cord stimulator is not medically necessary.