

<b>Case Number:</b>	CM15-0137288		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	11/09/2009
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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, Hawaii  
 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 58-year-old male who sustained an industrial injury on 11/09/2009 resulting in radiating low back pain. He was diagnosed with left-sided L4-L5 lumbar radiculopathy, anterolisthesis of L4 on L5 with moderate L4-5 disc disease, left-sided 5-mm lumbar disc extrusion at L2-3, chronic myofascial pain syndrome, and failed back surgery syndrome. Treatment has included interbody fusion at L4-5, spinal cord stimulator trial with 70-80 percent pain relief, bone growth stimulator, epidural steroid injection with 50-60 percent reported pain relief, home exercise, and medications. The injured worker continues to complain of low back pain radiating to bilateral gluteal regions. The treating physician's plan of care includes additional trial of a spinal cord stimulator. 7/15/2015 report states he can return to sedentary work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator trial X1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 101, 105-107.

**Decision rationale:** The patient has constant low back pain, left hip pain, left knee pain, with left leg numbness, tingling and paresthesias. The current request is for Spinal Cord Stimulator trial X1. The attending physician report dated June 17, 2015, page 202 (B) indicates the patient is currently having constant severe low back pain shooting down legs, left more than right with tingling, numbness and paresthesia and previously he had a spinal cord stimulator trial with 70%-80% pain relief, he would like to try one more time spinal cord stimulator before permanent implantation. He was also psychologically cleared for spinal cord stimulator trial by [REDACTED] on 03/13/12. The CA MTUS states that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. There is some evidence supporting the use of Spinal Cord Stimulation (SCS) for Failed Back Surgery Syndrome (FBSS) and other selected chronic pain conditions. Spinal Cord Stimulation is a treatment that has been used for more than 30 years, but only in recent years has it met with widespread acceptance and recognition by the medical community. In the first decade after its introduction, SCS was extensively practiced and applied to a wide spectrum of pain diagnoses, probably indiscriminately. The results at follow-up were poor and the method soon fell in disrepute. In the last decade there has been growing awareness that SCS is a reasonably effective therapy for many patients suffering from neuropathic pain for which there is no alternative therapy. There are several reasons for this development, the principal one being that the indications have been more clearly identified. The enhanced design of electrodes, leads, and receivers/stimulators has substantially decreased the incidence of re-operations for device failure. Further, the introduction of the percutaneous electrode implantation has enabled trial stimulation, which is now commonly recognized as an indispensable step in assessing whether the treatment is appropriate for individual patients. The following are indications for stimulator implantation: Complex Regional Pain Syndrome (CRPS) when all of the following are present: (1) There has been limited response to non-interventional care; (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. For use in failed back surgery syndrome: In this case, while the patient meets the criteria for spinal cord stimulator by virtue of failed back surgery syndrome, his last psychological clearance evaluation was 3/13/12. At this time it is necessary for the patient to undergo another psychological evaluation to determine if the patient is in fact a candidate for a spinal cord stimulator trial. As it stands, the current request is not medically necessary.