

<b>Case Number:</b>	CM15-0144246		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	07/12/2010
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Illinois, California, Texas  
 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:

This injured worker is a 53-year-old male who sustained an industrial injury on 7/12/10. Injury occurred relative to stocking merchandise and heavy lifting. Past surgical history was reported positive for lumbar surgeries at the L5/S1 level. Conservative treatment had included physical therapy, medications, activity modification, and epidural injections with temporary relief. The 3/24/14 bilateral lower extremity EMG documented a normal study. The 4/25/14 lumbar spine MRI documented post-operative changes at L5/S1 with a prominent 7 mm disc osteophyte complex extending laterally, with left lateral recess stenosis. At L3/4, there was disc desiccation, moderate central canal and lateral recess stenosis, and prominent neuroforaminal stenosis bilaterally. At L2/3, there were prominent multi-factorial changes with moderate to severe central canal and lateral recess stenosis, and bilateral neuroforaminal stenosis. At T11/12, there was a central disc protrusion with incomplete assessment for central canal stenosis. The 6/30/14 lumbar spine x-rays documented severe loss of the L5 and S1 disc spaces with intervertebral foraminal narrowing. The 6/8/15 treating physician report cited low back pain radiating down the left anterior thigh and medial calf to the instep. He reported pain, quality of life, and activity level had remained the same. Medications included gabapentin, Advil, Ambien, and compound creams that were reported as working well. Lumbar spine exam documented surgical scars, restricted and painful range of motion, tenderness at L4, and L5, normal heel/toe walk, positive straight leg raise, and positive Gaenslen's, facet loading, and FABER tests. The diagnosis included lumbar post laminectomy syndrome, lumbar spondylosis without myelopathy, facet arthropathy, lumbar stenosis, and low back pain syndrome. Authorization was requested for a

lumbar spinal cord stimulator trial. The 6/24/15 utilization review non-certified the request for a lumbar spinal cord stimulator trial as there was no evidence of psychological clearance or discussion of whether he was a surgical candidate. A subsequent request for psychological clearance was requested. The 8/4/15 treating physician report cited pain, quality of life, and activity level as unchanged. Medications were reported working well. Physical exam was unchanged. The treatment plan indicated that psychological clearance had been received. Spinal cord stimulator was again requested.

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

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

**Lumbar spine spinal cord stimulator trial, quantity: 1, per 06/08/15 order: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

**Decision rationale:** The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have not been met. This injured worker is status post previous lumbar spine surgery with on-going radicular low back pain. There is no specific documentation of the level of pain complaint, associated functional limitations or failure of medications in the submitted records. Records indicated that medications were working well, and limited to gabapentin, Advil, Ambien and compound creams. Psychological clearance has been reported but is not evidenced in the records. Therefore, this request is not medically necessary at this time.