

<b>Case Number:</b>	CM15-0161799		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 female, who sustained an industrial injury on August 9, 2011. The injured worker was diagnosed as having lumbosacral radiculitis-neuritis, multilevel herniated disc and degenerative disc disease (DDD), failed conservative therapies for pain control, failed interventional pain management and status post psychological clearance for neurostimulator trial-implant. Treatment to date has included physical therapy, medication, Transcutaneous Electrical Nerve Stimulation (TENS) unit and acupuncture. A progress note dated July 27, 2015 provides the injured worker complains of low back pain radiating to the legs and rated 7-9 out of 10. Physical exam notes lumbar tenderness to palpation, decreased range of motion (ROM) and positive straight leg raise. The plan includes spinal cord stimulator trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107. Decision based on Non-MTUS Citation ACOEM Chapter 6, page 222.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Spinal cord stimulator.

**Decision rationale:** Pursuant to the Official Disability Guidelines, spinal cord stimulator trial is not medically necessary. The indications for stimulator implantation are complex regional pain syndrome (CRPS) or failed back surgery syndrome when all of the following are present: there has been a limited response to non-interventional care; psychological clearance indicates realistic expectations and clearance for the procedure; no current evidence of substance abuse issues; no contraindication to a trial; permanent placement requires evidence of 50% pain relief with medication reduction or functional improvement after temporary trial. In this case, injured worker's working diagnoses are lumbosacral radiculitis/neuritis; multilevel herniated disc and degenerative disc disease at L3 - L4, L4 - L5 and L5 - S1 levels; failed conservative therapies for pain control; failed interventional pain management treatments; and status post psychological clearance for neurostimulator trial/implant. Date of injury is August 9, 2011. Request for authorization is July 28, 2015. According to a July 27, 2015 progress note, the injured worker has moderate to severe low back pain that radiates to the bilateral buttocks and groin and bilateral lower extremities. Pain score is 7/10. The injured worker has exhausted conservative management consisting of nonsteroidal anti-inflammatory drugs, physical therapy, TENS and acupuncture. The injured worker has been under the care of an interventional pain management provider for greater than two years and has achieved temporary relief. A three line psychological clearance is present in a medical record without historical details documented. Spinal cord stimulator trial is indicated for complex regional pain syndrome and failed back surgery syndrome. There is no documentation in the medical record of a complex regional pain syndrome or failed back surgery syndrome. The guidelines indicate more trials are needed to confirm whether spinal cord stimulator is an effective treatment for certain types of chronic pain. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of complex regional pain syndrome or failed back surgery syndrome and guidelines indicating more trials are needed to confirm whether spinal cord stimulator is an effective treatment for certain types of chronic pain, spinal cord stimulator trial is not medically necessary.