

<b>Case Number:</b>	CM15-0181980		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	10/12/1988
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: 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 71-year-old female who sustained an industrial injury on 10/12/98. Injury occurred when she was picking up a box of checks. She was being treated for a diagnosis of post-laminectomy syndrome, lumbar region, thoracic or lumbosacral neuritis/radiculitis, joint pain and chronic pain syndrome. The 3/20/15 thoracolumbar spine x-ray impression documented that the epidural stimulating leads appeared intact and well-positioned. There was mild thoracic spondylosis and kyphosis. Findings documented the left sided leads entered the dorsolateral aspect of the spinal canal at T10 on 11 and extend superiorly to superior T7, and the leads appeared continuous and intact. The 3/20/15 lumbar spine x-rays demonstrated relatively mild multilevel degenerative changes in the lumbar spine with very minimal anterolisthesis at L2/3. The 6/25/15 patient questionnaire documented pretty constant left lateral lower extremity pain and occasional right lateral lower extremity pain. The 6/25/15 treating physician report documented reprogramming of the spinal cord stimulator with injured worker complaint that the spinal cord stimulator still did not seem to be providing optimal coverage of her pain. The majority of her pain was across the left low back and lower extremity, with some pain noted across the right lower extremity. Medications were changed. The 8/15/15 treating physician report indicated that the spinal cord stimulator was not optimally functioning and the injured worker was only getting pain relief on the left half of the back and left lower extremity. The spine surgeon felt the spinal cord stimulator leads were in the proper position based on the trial that was done and from reviewing the initial placement images. This was discussed with the spine surgeon who thought it was more likely that her situation had changes as the pain was

mostly left sided but now she was having pain across the low back bilaterally and down the posterolateral aspect of both legs. Follow-up with her oncologist documented no evidence of metastasis or extension of any sort of tumor so this was thought as a progression of her spinal pathology. The spine surgeon felt that moving the existing paddle more midline would likely be technically very difficult as there might be adhesions to the existing lead and moving it could entail quite a bit of dissection and then risk for dural tears or other complications. A repeat percutaneous spinal cord stimulator trial to the right of midline was recommended. Her situation was reported to be very complicated by multiple surgeries, history of intrathecal morphine pump, and a recent diagnosis of cancer. She had been using higher doses of Norco and a long-acting hydrocodone had been added. This combination gave her pain relief but she would prefer not to take pain medications, or at least minimize them as much as possible. Authorization was requested for repeat spinal cord stimulator trial for right sided lumbar spine. The 8/26/15 utilization review non-certified the request for a repeat spinal cord stimulator trial for the right sided lumbar spine as there was no neurologic impairment documented on physical exam to corroborate the progression of symptoms and no psychological clearance for a spinal cord stimulator trial. The 9/28/15 treating physician appeal letter stated that he was not requesting an initial spinal cord stimulator placement but rather an addition to the existing program. When the original spinal cord stimulator was placed, the vast majority of her pain was left sided so the paddle lead was placed to cover the left half of the epidural space. This worked well for several years, but her spinal pathology has now led her to have bilateral pain and the current system does not cover the right side. A trial had been requested to see if better coverage could be obtained on both sides of her low back and legs. He did not feel that it was necessary to perform new sets of injections or send her back to physical therapy or undergo a new psychological evaluation. She had already done epidural injections and multiple rounds of physical therapy in the past and she was already taking multiple different pain medications.

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

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

**Repeat spinal cord stimulators (SCS) trial for right sided lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Spinal Cord Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

**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. Neurostimulation works best for neuropathic pain, and is generally considered to be ineffective in treating nociceptive pain. Guideline criteria have not been fully met. This injured worker presents several years status post spinal cord stimulator placement for

left low back and left lower extremity pain. Her diagnosis includes lumbar post-laminectomy syndrome. There is a report of increased right sided symptoms with the noted spinal surgeon opinion that she was experiencing a progression of her spinal pathology. Current radiographic evidence documented relatively mild multilevel degenerative changes in the lumbar spine with very minimal anterolisthesis at L2/3. There is no imaging evidence or current neurologic physical exam documented to support neural compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for these new onset right-sided symptoms, and failure has not been submitted. Significant co-morbidities, including cancer diagnosis, are not fully explained as to location or treatment. Additionally, there is no evidence as to a current psychological clearance. Therefore, this request is not medically necessary at this time.