

<b>Case Number:</b>	CM15-0189359		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	09/21/1999
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 57-year-old female who sustained an industrial injury on 9-21-1999. Diagnoses have included degenerative lumbosacral intervertebral disc disease, cervical spondylosis without myelopathy, lumbago, displacement of lumbar disc without myelopathy, lumbosacral spondylosis without myelopathy, cervical cranial syndrome, radiculitis, and sacroiliitis. An MRI from 3-2014 of lumbar spine was referenced as showing stenosis at L3-5, disc bulging, and mild foraminal impingement. Documented treatment includes medication, home exercise, injections, and physical therapy was referenced, however, it was not stated which injury this was for. The injured worker continues to report increasing sciatica pain, with left greater than right. Low back pain was rated as 8 out of 10 and bothersome daily. Examination 9-3-2015 related to this injury revealed ongoing axial low back pain with minimal leg symptoms, and it was noted that she was using a cane and without "new deficit." The treating physician's plan of care includes a trial of spinal cord stimulator, which was denied on 9-17-2015. Current work status stated to be on disability.

### 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 Medical Treatment 2009.

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

**Decision rationale:** Guidelines recommend spinal cord stimulators only for selected patients in cases when less invasive procedures have failed or are contraindicated. In this case, the patients are pending a lumbar epidural and the efficacy of this treatment will determine whether spinal cord stimulation is appropriate. The request for spinal cord stimulator trial is not medically appropriate or necessary since less invasive procedures have not been shown to fail.