

<b>Case Number:</b>	CM15-0192197		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	09/20/2004
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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

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 46 year old male, who sustained an industrial-work injury on 9-20-04. He reported initial complaints of low back, both knees, right wrist, and ankle pain. The injured worker was diagnosed as having chronic low back pain, lower extremity radiculopathy, bilateral knee internal derangement, bilateral ankle internal derangement, possible complex regional pain syndrome of lower extremities, status post right wrist fracture with open reduction and internal fixation (ORIF) x2, status post right anterior collateral ligament repair, left knee and ankle surgery, status post PLIF at L4-5 and L5-S1, multiligamentous injury with L5-S1 spondylolisthesis and inconclusive Medtronic spinal cord stimulator trial. Treatment to date has included medication, psychology consult, diagnostics, orthopedic consult, Synvisc injections, and surgeries. Currently, the injured worker complains of continued lower back pain radiating down both lower extremities that limited activity and mobility and right foot and ankle pain. Per the primary physician's progress report (PR-2) on 8-28-15, exam noted minimal swelling in the right foot with diffuse tenderness along the toe and second metatarsal. There is tenderness of the lumbar muscles bilaterally, decreased lumbar motion, positive modified seated straight leg raise, decreased sensation of the left thigh and calf, and palpable tender soft tissue mass of the left thigh. There is bilateral knee pain, left greater than right with evidence of degenerative joint disease per MRI (magnetic resonance imaging). The Request for Authorization requested service to include Spinal cord stimulator (SCS) trial. The Utilization Review on 9-21-15 denied the request for Spinal cord stimulator (SCS) trial, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator (SCS) trial:** Upheld

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

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

**Decision rationale:** Review indicates the patient had already underwent a previous Spinal cord stimulator trial in April 2012 that failed as the patient was unable to tolerate the paresthesia sensation. MTUS guidelines state that spinal cord stimulators are only recommended for selected patients, as there is limited evidence of functional benefit and efficacy for those with failed back surgery syndromes. It may be an option when less invasive procedures are contraindicated or have failed and prior psychological evaluations along with documented successful trial are necessary prior to permanent placement for those patients with diagnoses of failed back syndrome; post-amputation pain; post-herpetic neuralgia; spinal cord dysesthesia/injury; confirmed CRPS; multiple sclerosis or peripheral vascular diseases. Submitted reports have not demonstrated support to meet these criteria and have not adequately demonstrated any failed conservative treatment, psychological evaluation/ clearance or new information to support repeating a previous unsuccessful SCS trial. The Spinal cord stimulator (SCS) trial is not medically necessary and appropriate.