

<b>Case Number:</b>	CM15-0196194		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 42 year old female, who sustained an industrial injury on 9-7-2012. The injured worker is undergoing treatment for: low back pain. On 9-9-15, she was seen for psychotherapy for depression symptoms related to her chronic pain and disability. She is reported as no longer being an appropriate candidate for lumbar spinal fusion surgery and was recommended by orthopedic spine surgeon for spinal cord stimulator implantation. She reported right side leg pain with numbness and tingling radiating into the buttock. She also reported muscle spasms and low back pain. Psychologically she reported anxiety with panic attacks, sleep disturbance, irritability, self-criticism and depression. Testing revealed she had decreased anxiety and depression scores with no change in her pain catastrophizing scores. She rated her pain 6 out of 10. A PR-2 also dated 9-9-15, indicated she reported significant improvements in her depression. She also reported at her last visit severe flare up of radiating leg pain with spasms in the piriformis over the sciatic nerve. A piriformis injection was given and is reported to have given her 2 weeks of reduced pain. Physical examination revealed positive straight leg raise testing on the right, decreased lumbar spine range of motion, and non-tenderness in the piriformis and sacroiliac areas. The provider noted she had failure to respond to conservative care. The treatment and diagnostic testing to date has included: psychotherapy, breathing exercises, biofeedback, magnetic resonance imaging of the lumbar spine (date unclear). Medications have included: Celexa, Cymbalta, Lyrica, tramadol, Topiramate, bupropion, levorphanol, ibuprofen. Current work status: not documented. The request for authorization is for: trial for spinal cord stimulation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Spinal Cord Stimulation:** Upheld

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

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

**Decision rationale:** The claimant sustained a work injury in November 2012 when she fell backwards and tripped while carrying a 50 pound box while working as a janitor. The claimant has multilevel disc bulging and protrusions with right sided S1 nerve impingement and moderate foraminal stenosis at L5/S1. Recent medications have included Butrans at a total MED (morphine equivalent dose) of 15 mg per day. A lumbar epidural steroid injection has been ineffective. When seen, she had a flare up of severe right lower extremity radiating leg pain with spasms the month before. Physical examination findings included positive right straight leg raising with decreased right lower extremity strength, sensation, and Achilles reflex. There had been two weeks of excellent improvement after a piriformis injection two weeks before but her pain had returned. An orthopedic consultant had advised a trial of spinal cord stimulation and, if that failed, then surgery would be considered as a last resort. Her depression had improve. Indications for consideration of spinal cord stimulator include failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, peripheral vascular disease, and in the treatment of angina. The claimant does not have any of these conditions. Surgery would be considered as the next treatment before a spinal cord stimulator. Implantation of a stimulator is not medically necessary. Therefore, a stimulator trial is not medically necessary.