

<b>Case Number:</b>	CM15-0197038		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	03/25/1992
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/16/2015
<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: California, Hawaii

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 43 year old female who sustained an industrial injury 03-25-92. A review of the medical records reveals the injured worker is undergoing treatment for headache and chronic neuropathic pain. Medical records (08-26-15) reveal the injured worker complains of lower back, gluteal, and leg pain, rated at 6/10 which is persistent. She is reported to be "not doing any better than the last visit." The physical exam (08-26-15) reveals balance, gait, and coordination are intact. Here level of consciousness is normal, cranial nerves are grossly intact, and fine motor skills are normal. There is no further neurologic documentation. Prior treatment includes medications, physical therapy, T12-11 laminotomy, anterior and posterior spinal fusion, spinal cord stimulator placement, dorsal column stimulator revision, and lead replacement. The original utilization review (09-16-15) non-certified the request for replacement of the dorsal column stimulator, lead revision or replacement of stimulator. The injured worker underwent lead replacement for the spinal cord stimulator on 03-05-15, with no significant improvement noted from 02-26-15, 03-12-15, 06-08-15, through 08-26-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement of dorsal column stimulator lead/revision or replacement stimulator:** 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:** The records indicate the patient has chronic neuropathic pain involving the lower back following back surgery. The current request is for replacement of dorsal column stimulator lead/revision or replacement stimulator. There is no progress report which is directly relevant to the above request found in the medical records provided. The CA MTUS has this to say about spinal cord stimulators: Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. In the last decade there has been growing awareness that SCS is a reasonably effective therapy for many patients suffering from neuropathic pain for which there is no alternative therapy. There are several reasons for this development, the principal one being that the indications have been more clearly identified. The enhanced design of electrodes, leads, and receivers/stimulators has substantially decreased the incidence of re-operations for device failure. Further, the introduction of the percutaneous electrode implantation has enabled trial stimulation, which is now commonly recognized as an indispensable step in assessing whether the treatment is appropriate for individual patients. (Furlan-Cochrane, 2004) These implantable devices have a very high initial cost relative to conventional medical management (CMM); however, over the lifetime of the carefully selected patient, SCS may lead to cost-saving and more health gain relative to CMM for FBSS and CRPS. In this case, the available records do not provide evidence that the patient has benefited from dorsal column stimulators. Records clearly indicate the patient has been through multiple revisions of permanent spinal cord stimulator placement and it does not appear to be offering her sufficient relief. The request can be interpreted either as a revision or another spinal cord stimulator trial. The medical records indicate that office visit notes dated 3/12/15, 6/8/15, and 8/26/15 do not provide evidence that the patient benefited from dorsal stimulation placement. The available medical records do not provide sufficient justification for another revision or trial. As such, the request is not medically necessary.