

<b>Case Number:</b>	CM15-0201032		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	12/09/2009
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 56 year old male, who sustained an industrial injury on 12-9-2009. Medical records indicate the worker is undergoing treatment for back pain post three lumbar surgeries. A recent progress report dated 8-28-2015, reported the injured worker complained of moderate to severe low back pain, rated 7 out of 10 with medications and 9 out of 10 without medications. Pain rating is unchanged from a visit note on 2-27-2014. Physical examination revealed lumbar tenderness with painful range of motion. Treatment to date has included spinal cord stimulator trial, physical therapy and medication management. The injured worker had spinal cord stimulator placed on 8-24-2015 for trial and presented for reprogramming on 8-26-2015. On 8-28-2015, the injured worker requested the temporary stimulator removed to prevent shocking "the hardware" and believes the spinal cord stimulator will provide pain relief. The physician is requesting Permanent Spinal Cord Stimulator Lead Placement. On 9-17-2015, the Utilization Review noncertified the request for Permanent Spinal Cord Stimulator Lead Placement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Permanent Spinal Cord Stimulator Lead Placement:** 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) Low Back-Lumbar & Thoracic (Acute & Chronic), Spinal cord stimulation (SCS).

**Decision rationale:** The claimant sustained a work injury in December 2009 and continues to be treated for chronic pain including a diagnosis of failed back surgery syndrome. He has a history of three lumbar spine surgeries with fusion from L3-S1. On 08/21/15 he was having ongoing axial spine pain. He had pain rated at 6/10 with medications and 9/10 without medications. Norco was being prescribed at a total MED (morphine equivalent dose) of up to 45 mg per day. He underwent a spinal cord stimulator trial. On 08/28/15 he had back pain rated at 9/10 without medications and 7/10 with medications. He reported that he believed that the spinal cord stimulator would work. He was continuing to use a cane. Prolongation of the trial was offered but declined. A spinal cord stimulator can be considered for neuropathic pain after failed back surgery and after failure of conservative treatments. In this case, the claimant is not having neuropathic pain. Medications include opioids at a MED (morphine equivalent dose) well under the 120 mg per day limit which does not indicate a failure of conservative treatments. A prolongation of the trial was recommended indicating that his response was not considered adequate to recommend implantation. For any of these reasons, permanent implantation is not medically necessary.