

<b>Case Number:</b>	CM15-0201900		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 70-year-old male who sustained an industrial injury on 7/19/11. Injury occurred when he slipped and fell while crossing a ditch at work. Past surgical history was positive for a lumbar surgery in 1970 with good symptom relief. The 7/9/15 initial comprehensive psychological evaluation report indicated that the injured worker was at best ambivalent about the spinal cord stimulator trial. He was currently getting a 70% reduction in pain with medication use and believed he received significant benefit from physical therapy. Physical therapy was recommended to provide him with in-home exercises or a review of same. Should that fail, there was no obstacle that would mitigate against a spinal cord stimulator trial other than the injured worker's possible resistance to it. The 10/5/15 treating physician report cited complaints of neck radiating down both shoulders and left knee pain. He reported low back pain radiating down both legs, worse on the left with numbness and tingling. Pain was worse with prolonged sitting, standing, and walking. He was doing home physical therapy and taking medications which make his pain better. Pain level without medication was 7/10 and with medication 5-6/10. Medications included Cymbalta, Lyrica, and Mobic. These medications allow him to be able to do home physical therapy, ride his bike and walk 30 minutes per day. He was currently going to physical therapy with good pain relief. Physical therapy documented 5/5 bilateral lower extremity muscle strength, positive straight leg raise bilaterally in an L5 distribution, mild to moderate lumbar paraspinal spasms with positive twitch response, and left antalgic gait. The diagnosis was lumbar post-laminectomy pain syndrome, lumbar radiculopathy, lumbosacral spondylosis with myelopathy, lumbar degenerative disc disease, and

lumbar myofascial pain syndrome. The treating physician indicated that the patient had suboptimal transient pain relief with rest, NSAIDs, physical therapy, and previous epidural steroid injection. He had tried Tramadol in the past with intolerable side effects. He had a psychiatric evaluation for spinal cord stimulator trial with no contraindications. Current medications were continued. Authorization was requested for spinal cord stimulator trial with BSC 32 conservative treatment spinal cord stimulator system. The 10/13/15 utilization review non-certified the spinal cord stimulator trial as the injured worker expressed his belief that physical therapy would be preferable over a spinal cord stimulator trial and was referred to physical therapy with no psychological follow-up evaluation after completion of the physical therapy sessions.

### **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 with BSC 32 contact spinal cord stimulation system:**  
Upheld

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

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

**Decision rationale:** The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have not been fully met. This injured worker presents with low back pain radiating down both legs, worse on the left with numbness and tingling. He is status post lumbar spine surgery in 1970. Current physical therapy was reported as providing good pain relief. Medications and therapy reportedly provided functional benefit. There is no clear documentation that the injured worker had failed all less invasive procedures. There is evidence of a psychological evaluation that sited no obstacles that would mitigate against a spinal cord stimulator trial but noted the injured worker was ambivalent to the trial. Therefore, this request is not medically necessary at this time.