

<b>Case Number:</b>	CM15-0209420		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 64-year-old male who sustained an industrial injury on 4/20/11. Injury occurred when he rose from a chair to respond to a code red and his low back gave out on him. Past medical history was positive for hypertension. He underwent L3-S1 decompression and fusion on 6/13/13 and removal of lumbar hardware with revision of posterolateral L3/4 fusion on 7/16/15. The 9/9/15 treating physician report cited back pain radiating down the right anterior thigh to the knee. Pain was not significantly changed compared to his pre-op status. He had significant side effects with previous medications and was not currently taking any pain medications. He had difficulty walking for more than a few minutes. He had difficulty picking up objects with severe back and leg pain. He was using a walker for total mobilization. Physical exam documented low back tenderness, 4/5 right iliopsoas weakness, sensation was decreased over the anterior aspect of the legs, and reflexes were diminished. He continued to report severe neuropathic-type pain in the right leg. Authorization was requested for psychiatric clearance and spinal cord stimulator trial. The 9/25/15 utilization review certified the psychiatric clearance. The request for spinal cord stimulator trial was non-certified as the psychological clearance had not been completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator Trial, Qty 1: 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 Official Disability Guidelines: Pain - Indications for stimulator implantation.

**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 a 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 met. This injured worker presents with low back pain with neuropathic pain into the right lower extremity. Pain was unchanged after recent lumbar revision fusion. He was unable to tolerate many pain medications. A psychiatric clearance for the spinal cord stimulator trial was requested and certified. Given the absence of a completed psychiatric clearance, this request does not meet guidelines. Therefore, this request is not medically necessary.