

<b>Case Number:</b>	CM15-0209905		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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

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 63 year old who female sustained an industrial injury on 3-28-11. A review of the medical records indicates that the worker is undergoing treatment for chronic nonmalignant pain of the low back and chronic lumbosacral radiculopathy. Subjective complaints (9-8-15) include pain in the lumbar spine with radiation of pain bilaterally, (9-2-15) cramp in left arm and both legs, knee problem, leg gives out, pain (4-28-15) rated at 9 out of 10, pain (8-18-15) rated 10 out of 10 without medication. Objective findings (9-8-15) include mild spasm and tenderness over paravertebral muscles of the lumbar spine, decreased range of motion on flexion and extension, Dysesthesia in S1 dermatomal distributions bilaterally and (9-2-15) difficulty with navigation and restricted back motion to 20 degrees. The diagnosis (9-2-15) is noted as degenerative spondylolisthesis grade I at L4-L5 with mobile degenerative spondylolisthesis at L4-L5 with spinal stenosis with severe narrowing at L5-S1 and bulging at L3-L5, left greater than right pain. Work status was noted as "off work". Previous treatment includes Fentanyl patch, Celebrex, Voltaren gel, Flector patch, Epidural injection, and physical therapy. The treatment plan includes spinal stimulator versus pain pump trial, electromyography-nerve conduction velocity -uppers, lumbar spine MRI, continue pain management; Fentanyl and additional drugs prescribed, and suggest AME-QME. The requested treatment of spinal stimulator versus pain pump trial was non-certified on 10-13-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal stimulator vs pain pump trial: 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:** MTUS guidelines states that spinal cord stimulators are only recommended for selected patients as there is limited evidence of its functional benefit or efficacy for those failed back surgery syndrome and complex regional pain syndrome. It may be an option when less invasive procedures are contraindicated or has failed. Criteria include psychological evaluations screening along with documented successful trial prior to permanent placement for those patients with specific diagnoses of failed back syndrome; complex regional pain syndrome; post-amputation pain; post-herpetic neuralgia; spinal cord Dysesthesia/injury; multiple sclerosis or peripheral vascular diseases. Submitted reports have not demonstrated support to meet these criteria as no medical clearance from a psychologist has been noted and no failed conservative treatment or ADL limitations are documented to support for SCS. The Spinal stimulator vs. pain pump trial is not medically necessary and appropriate.