

<b>Case Number:</b>	CM15-0025660		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	11/30/2007
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 53 year old male with an industrial injury dated 11/30/2007 due to cumulative trauma. His diagnoses include degenerative disc disease of the lumbar spine, chronic lumbar radiculopathy and bilateral arthritis of the knees. Recent diagnostic testing has included a MRI of the lumbar spine (06/19/2014) showing multilevel disc protrusions, and MRI of the lumbar spine (08/19/2014) showing a laminectomy defect at the L4-L5. Previous treatments have included conservative care, medications, physical therapy, and lumbar surgery (03/2008). In a progress note dated 12/31/2014, the treating physician reports continuing low back pain with locking (unable to straighten up), and numbness and tingling to bilateral feet. There was no objective examination or findings noted on this report. The treating physician is requesting spinal cord stimulator trial which was denied by the utilization review. On 01/30/2015, Utilization Review non-certified a request for spinal cord stimulator trial, noting that this should be used in conjunction with multidisciplinary medical management, and the absence of a psychological clearance in this claimant with significant psychological issues. The MTUS Guidelines were cited. On 02/10/2015, the injured worker submitted an application for IMR for review of spinal cord stimulator trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105.

**Decision rationale:** The California MTUS guidelines supports the use of a spinal cord stimulator trial or individuals with failed back surgery syndrome were less invasive procedures have failed or are contraindicated. The guidelines also indicate that a spinal cord stimulator should be used in conjunction with a comprehensive multidisciplinary medical management program. The attached medical record which requests a spinal cord stimulator trial does not indicate what other if any concurrent treatment the injured employee will receive. Without an outline of the complete care plan for this individual, this request for a spinal cord stimulator trial is not medically necessary.