

<b>Case Number:</b>	CM15-0027207		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	12/15/2009
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 was a 36-year-old male, who sustained an industrial injury, December 15, 2009. According to progress note of January 13, 21015, the injured workers chief complaint was low back pain with radiating down both legs. The injured worker rated the pain at 8 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted the injured workers gait was stiff. The Lumbar spine was tender with palpation. The straight leg raises were positive, bilaterally greater on the left than the right with left Lasegue and bowstring signs. The random urine drug screening was negative for opioids. The injured workers worker status was permanent and stationary. The injured worker was diagnosed with disc desiccation and small protrusion at the inferior lumbar levels consistent with mild degenerative disease, mild left neural foraminal stenosis at L4-L5 and L5-S1, straightening of lumbar lordosis, lumbar radiculopathy, left cervical radiculitis with upper extremity weakness, low sleep efficiency, major depression and obesity. The injured worker previously received the following treatments MRI of the lumbar spine March 28, 2012, L4-L5 laminectomy Surgery January 14, 2013, Tramadol, Zanaflex, Voltaren gel, random urine drug screening and home exercise program. On November 25, 2014, the primary treating physician requested authorization for Pre-Spinal cord stimulator and psychological evaluation for Pre-Spinal cord stimulator. On January 14, 2015, the Utilization Review denied authorization for Pre-Spinal cord stimulator and psychological evaluation for Pre-Spinal cord stimulator. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Spinal cord stimulator psychological evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations; Intrathecal drug delivery systems (IDDSs); Spinal cord stimulators (SCS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 106-107.

**Decision rationale:** As the request for a spinal cord stimulator trial was denied, the medical necessity for a psychological evaluation is not established. Therefore, Pre-Spinal cord stimulator psychological evaluation is not medically necessary.

**Spinal Cord Stimulator Trial: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 106-107.

**Decision rationale:** According to MTUS guidelines, spinal cord stimulator-Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment types of chronic pain. (Mailis-Gagnon-Cochrane, 2004) (BlueCross BlueShield, 2004) See indications list below. Indications for stimulator implantation: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neuro-stimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70- 90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.) Post amputation pain (phantom limb pain), 68% success rate. Post herpetic neuralgia, 90% success rate. Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury) Pain associated with multiple sclerosis. Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. (Flotte, 2004). There is no documentation that the patient is suffering from any of the above indications of spinal cord stimulator. There is no evidence of failed previous surgery, radiculopathy or true neuropathic pain. Therefore, the request for Spinal Cord Stimulator Trial is not medically necessary.

