

<b>Case Number:</b>	CM15-0028420		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	04/06/2000
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Internal 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 is a 58 year old male who sustained an industrial injury on 4/6/00 when he was lifting 30 pounds and felt an acute twinge of pain in his right groin. Currently he is experiencing continued bilateral groin pain, right greater than left. Medications are Anaprox, Prilosec, Prozac, Neurontin, Lidoderm patch and Dilaudid. Urine drug screen was consistent with prescribed medications. Diagnoses include bilateral inguinal hernia repair (9/8/03) with mesh and several other urological surgeries; status post right hernia revision, neurolysis and orchiectomy; status post several neurectomies with exploration and removal of mesh; depression; anxiety; post hernioraphy syndrome and hypogonadism with low testosterone. Diagnostic studies included computed tomography of the abdomen and pelvis (10/20/09) and (11/20/06); lumbar MRI (10/20/09); cervical MRI (2/27/08); abdominal and scrotal ultrasound (11/20/06). In the progress note dated 2/3/15 the treating provider indicates that the injured worker is an excellent candidate for spinal cord stimulation combined with spinal cord field stimulation and this should have been done 10 years ago as the surgeries performed were all unsuccessful. On 2/13/15 Utilization Review non-certified the request for spinal cord stimulator trial citing ODG, Treatment Index, Pain-Spinal Cord Stimulator Indications.

### 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: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 5th Edition, 2007, Pain--Spinal Cord Stimulator Indications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page 105-107. Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Page 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Spinal cord stimulators (SCS).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses spinal cord stimulators. MTUS Chronic Pain Medical Treatment Guidelines indicates that spinal cord stimulators (SCS) are 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. Indications for stimulator implantation are failed back syndrome, complex regional pain syndrome (CRPS), reflex sympathetic dystrophy (RSD), post amputation pain, post herpetic neuralgia, spinal cord injury, multiple sclerosis, and peripheral vascular disease. Official Disability Guidelines (ODG) Pain (Chronic) indicates that spinal cord stimulators (SCS) are recommended only for selected patients for specific conditions and in cases when less invasive procedures have failed or are contraindicated. ODG indications for stimulator implantation are complex regional pain syndrome (CRPS) and failed back surgery syndrome (FBSS). MTUS Chronic Pain Medical Treatment Guidelines indicates that psychological evaluations are recommended pre-SCS spinal cord stimulator trial. The surgeon's report dated 1/6/15 documented right sided inguinodynia status post inguinal hernia repair surgery. Functional eventration because of denervation was noted. Potential bridging of a large piece of mesh to address the eventration was recommended by a plastic surgeon. The pain management consultation report dated 2/3/15 documented a history of bilateral inguinal hernia repair surgeries, post-herniorrhaphy syndrome, neuropathic pain in the genitofemoral and ilioinguinal nerve distribution. Spinal cord stimulation trial was requested. Clinical psychologist evaluation for psychological clearance was requested on 2/3/15. The utilization review dated 2/13/15 recommended certification of psychologic testing. Per MTUS and ODG guidelines, post-herniorrhaphy syndrome is not an indication for SCS spinal cord stimulator. Per MTUS indicates that psychological evaluations are recommended pre-SCS spinal cord stimulator trial. As of 2/13/15, psychological evaluation and psychological clearance had not been performed. MTUS and ODG guidelines do not support the request for SCS spinal cord stimulator. Therefore, the request for spinal cord stimulator trial is not medically necessary.