

<b>Case Number:</b>	CM15-0215348		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	02/21/2002
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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:

The injured worker is a 57-year-old female who sustained an industrial injury on 2/21/02, relative to a motor vehicle accident. Past medical history was positive for hypertension, hypercholesterolemia, anemia, and gastric bypass. The 3/25/15 neurosurgical report cited chronic low back pain and severe right sided buttock, hip and anterior thigh pain. Conservative treatment had included multiple rounds of epidural injection and radiofrequency ablations to the lumbar spine without any lasting pain relief. She was taking only two Vicodin per day as she did have a problem with narcotic dependency in the past as a result of chronic narcotic use for this injury. Physical exam documented ability to heel/toe walk, squat and stand without assistance. Lower extremity strength and range of motion were normal. Straight leg raise was negative. Imaging showed mild multilevel lumbar degenerative disc disease with a very slight grade 1 spondylolisthesis of L4 on L5 and mild canal stenosis at L3/4. There were no areas of neural compression at any level. Lumbar spine x-rays were obtained and demonstrated no instability. There were no imaging changes since the last evaluation 4 years prior. Her symptoms could not be correlated with any finding on her lumbar studies. There was no neurosurgical option to offer. She could perhaps be considered a candidate for a spinal cord stimulator. The 8/27/15 pain management report cited grade 9-10/10 low back pain radiating into the lower extremities, greater on the right. Pain was 20% low back and 80% right lower extremity pain. Pain was described as an ache, stabbing and knife-like sensation to the low back, gluteal, inguinal and anterior crural regions with burning, pins and needs, shooting and numbness. She had continuing lower extremity pain and radiculopathy. She had been found to be an acceptable candidate from

a psychological status for spinal cord stimulator. She was opined the ideal candidate to proceed with a spinal cord stimulator trial. She underwent percutaneous implantation of a spinal cord stimulator on 10/5/15. The 10/9/15 pain management report indicated that the injured worker had completed a spinal cord stimulator trial. He reported that she had coverage throughout the area of pain in her back and right lower extremity with upwards of 70% pain relief. Pain was reported ranging from grade 2-4/10, 30% in the lumbosacral region and 70% in the lower extremities. She reported improvement in walking tolerance to over 2 hours, and decreased use of Vicodin from 2 to 3 per day to at most 1 per day during the trial. The diagnosis was lumbar radiculopathy, lumbar spine pain, neuroforaminal narrowing, and disc disorder with radiculopathy. Authorization was requested for a spinal cord stimulator permanent implant and one follow-up office visit. The 10/28/15 utilization review non-certified the request for a spinal cord stimulator permanent implant and one follow-up office visit as there was no indication that guideline diagnostic criteria for spinal cord stimulator implantation had been met, or that the injured worker clearly had neuropathic pain and had exhausted pharmacological options.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar Spine Cord Stimulator Permanent Implant: 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:** The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Indications for stimulation implantation included: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), complex regional pain syndrome/reflex sympathetic dystrophy, post amputation pain, poster herpetic neuralgia, spinal cord injury dyesthesias, pain associated with multiple sclerosis, and peripheral vascular disease. Neurostimulation 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. Guideline criteria have not been met. This injured worker presents with low back pain radiating into the right lower extremity to the anterior thigh. Clinical exam and imaging did not evidence nerve root compromise. Detailed evidence of long term reasonable and/or comprehensive non-operative treatment without sustained pain relief was been submitted. Psychological clearance and a successful trial of spinal cord stimulation are documented. However, the diagnostic criteria for spinal cord stimulator implantation have not been met. She has not undergone a lumbar spine surgery or been diagnosed with complex regional pain syndrome. There is no compelling rationale to support the medical necessity of this request as an exception to guidelines. Therefore, this request is not medically necessary.

#### **Follow-Up Office Visit: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Ch 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic: Office visits.

**Decision rationale:** As the spinal cord stimulator implant request is not supported, this request is not medically necessary.