

<b>Case Number:</b>	CM15-0221522		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	04/04/1993
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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 56 year old female, who sustained an industrial injury on 04-04-1993. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for multilevel lumbar degenerative disc disease. Medical records (06-03-2015 to 10-28-2015) indicate ongoing low back pain with right leg pain, numbness and weakness. Pain levels were 2-7 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW is permanent and stationary with restrictions. The physical exam, dated 10-28-2015, revealed pain upon palpation of the greater trochanter and along the midline lumbar incision with trigger point, right greater than left tenderness and spasms of the L3-5 paraspinal muscles, pain with extension of the low back localizing to the facet joints, decreased range of motion in the lumbar spine, slightly decreased motor strength bilaterally, and decreased sensation in the right lower extremity. Relevant treatments have included: lumbar laminectomy and decompression (2000), microdiscectomy (1994), epidural steroid injections, electrical stimulation, work restrictions, and medications. The treating physician indicates that the IW underwent right knee reconstruction surgery (01-2015) which was due to a non-industrial injury; however, the use of crutches and limping has worsened her low back pain. The treating physician also indicated that a MRI of the lumbar spine (2010) showed a small annular tear at T12-L2, borderline spinal canal narrowing at L2-4, moderate neural foraminal narrowing at L5-S1, and moderately severe left and mild right neural foraminal narrowing with potential for bilateral L5 nerve impingement. The request for authorization (10-29-2015) shows that the following procedure

was requested: neurostimulator lead placement with MRI compatible leads. The original utilization review (11-05-2015) non-certified the request for neurostimulator lead placement with MRI compatible leads.

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

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

#### **Neurostimulator lead placement with MRI compatible leads: 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 56 year old patient complains of low back pain radiating to bilateral posterolateral thighs and feet, along with intermittent numbness in left third toe and outside of her knee, as per progress report dated 10/28/15. The request is for NEUROSTIMULATOR LEAD PLACEMENT WITH MRI COMPATIBLE LEADS. The RFA for this case is dated 10/29/15, and the patient's date of injury is 04/04/93. The patient is status post microdiscectomy in 1994 and status post laminectomy decompression in 2000, as per progress report dated 10/28/15. Diagnoses, as per the same progress report, included lumbar radiculopathy, lumbar post-laminectomy syndrome, osteoarthritis, stiffness of joint, displacement of lumbar intervertebral disc, lumbosacral degenerative disc disease, lumbago, trochanteric bursitis, and sacroiliac joint dysfunction. Medications included Norco, Neurontin, Lyrica, Flexeril, Celebrex, Lidoderm patch, and Flurbiprofen cream. The patient is permanent and stationary with restrictions, as per the same progress report. MTUS Chronic Pain Guidelines 2009, page 105 to 107 and Spinal Cord Stimulators (SCS) section states that spinal cord stimulation is Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial. Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis, and peripheral vascular disease. MTUS page 101 states that psychological evaluation is recommended pre-intrathecal drug delivery systems and spinal cord stimulator trial. MTUS page 101 states that psychological evaluation is recommended pre-intrathecal drug delivery systems and spinal cord stimulator trial. As per progress report dated 10/28/15, the patient is status post a knee surgery (non-industrial cause), and has swelling that is affecting the stimulator. Hence, the patient needs stimulator adjustment/reprogram. Additionally, the treater wants a new MRI but the leads to her neurostimulator cannot go into an MRI. The treater is, therefore, requesting for neurostimulator lead repayment [replacement] with MRI compatible leads. The treater also indicates that currently, with the combination of stim and meds, she feels comfortable. MTUS, ODG and ACOEM guidelines do not specifically discuss neurostimulator lead replacement. It is, however, not clear why the treater cannot opt for other imaging techniques such as CT scans or arthroscopy, if MRI is not possible. Replacing the leads only for the purpose of an MRI appears unwarranted unless an MRI must be obtained, or the stimulator needs to be replaced. Hence, the request IS NOT medically necessary.