

<b>Case Number:</b>	CM15-0222197		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	06/15/2013
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: 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:

This is a 29 year old female with a date of injury on 6-15-13. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck, lower back, right shoulder and left wrist pain. Progress report dated 10-22-15 reports continued complaints of aching neck and right shoulder pain and stabbing lower back pain. She complains of achy wrists and lower extremities. The pain is made better with physical therapy and medication. The pain is rated 10 out of 10 without medications. She reports not taking some of her medications since last visit she thinks they made her dizzy. EMG nerve conduction studies show moderate bilateral carpal tunnel syndrome. Epidural steroid injection done 12-30-14 provided 60 percent relief. Objective findings: lumbar spine 4 out of 5 lower extremity strength, sensation intact, sciatic notches pain free, moderate tenderness over the paraspinals, myofascial spasms and restriction appreciated. Treatments include: medication, physical therapy, injections, TENS and surgery. Request for authorization was made for 1 spinal cord stimulator trial. Utilization review dated 11-2-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 spinal cord stimulator trial:** 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 29 year old patient complains of low back pain, neck pain, left wrist pain, and right shoulder pain, as per progress report dated 10/22/15. The request is for 1 Spinal Cord Stimulator Trial. The RFA for this case is dated 10/26/15, and the patient's date of injury is 06/15/13. The patient is status post neck surgery on 08/18/14, and status post right shoulder surgery on 04/27/15. The pain is rated at 10/10 without medications. Diagnoses also included neck pain, cervical degenerative disc disease, cervical radiculopathy, cervical stenosis, thoracic pain, low back pain, lumbar discogenic pain, lumbar facet pain, right shoulder pain, left wrist pain, myalgia, chronic pain syndrome, and numbness. Medications include Naproxen, Lyrica, Tramadol, and Flexeril. As per psychology report dated 03/24/15, there is no diagnoses of mental or emotional disturbance. The patient is not working, as per progress report dated 10/22/15. MTUS Guidelines, Spinal Cord Stimulators (SCS) section pages 105 to 107 states: recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful temporary trial. MTUS Guidelines, under Psychological Evaluations, IDDS and SCS (Intrathecal Drug Delivery Systems and Spinal Cord Stimulators) section page 101 states: recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. MTUS Guidelines, Indications For Stimulator Implants section page 101 has the following: 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. 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. 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. In progress report dated 10/22/15, the provider states the patient has tried and failed LESI, medications, conservative therapy, and surgery, and her pain and paresthesias are still persistent, she is a good candidate for SCS trial. Physical examination revealed tenderness to palpation in lumbar paraspinal muscles and positive straight leg raise. The patient continues to complain of neck pain, status post surgery, but is not keen on a lumbar surgery. Additionally, there is no indication a recent psychological evaluation. Furthermore, in progress report dated 11/24/15, the provider states that the SCS trial has been denied and also she wouldn't like to pursue the SCS trial at this time. Hence, the request for a trial is not medically necessary.