

<b>Case Number:</b>	CM15-0040139		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	06/04/2003
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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, Indiana, New York  
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:

This 55 year old female sustained an industrial injury to the low back on 6/4/03. Previous treatment included lumbar surgery, spinal cord stimulator, physical therapy, swimming and medications. In a PR-2 dated 12/15/14, the injured worker complained of ongoing low back pain and left lower extremity radicular pain 7/10 on the visual analog scale without medications and 3/10 with medications as well as intermittent bilateral feet numbness. The injured worker reported that the spinal cord stimulator had enabled her to increase her exercise program for core strengthening and weight loss. Current diagnoses included lumbago, myalgia and myositis, lumbar spine neuritis or radiculitis, lumbar spine stenosis, lumbar post laminectomy syndrome and displacement of lumbar intervertebral disc without myelopathy. The treatment plan included refilling medications and requesting authorization to reprogram the spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Spinal cord stimulator.

**Decision rationale:** Pursuant to the Official Disability Guidelines, spinal cord stimulator reprogramming is not medically necessary. The indications for stimulator implantation are Complex Regional Pain Syndrome (CRPS) when all of the following are present: there has been a limited response to non-interventional care; psychological clearance indicates realistic expectations and clearance for the procedure; no current evidence of substance abuse issues; no contraindication to a trial; permanent placement requires evidence of 50% pain relief with medication reduction or functional improvement after temporary trial. In this case, the injured worker's working diagnoses are low back pain; primary fibromyalgia syndrome; disorders of back; spinal stenosis of lumbar region; backache; lumbar post laminectomy syndrome; displacement lumbar intervertebral disc without myelopathy; and long term drug therapy. The spinal port stimulator was implanted September 12, 2011. The stimulator helps with pain according to the injured worker. The injured worker was scheduled to undergo SCS reprogramming on December 16, 2014 pursuant to an authorization request. The spinal cord stimulator was reprogrammed on December 16, 2014. The spinal cord stimulator was functioning well status post reprogramming. The injured worker reports at least 50% overall improvement in pain and function. A subsequent request for the spinal scored stimulator reprogramming was submitted February 10, 2014. There was no clinical indication or rationale in the medical record for reprogramming. The spinal cord stimulator was reprogrammed two months prior and was functioning well. Consequently, absent clinical documentation with the clinical rationale/indication for reprogramming (two months post-reprogramming), spinal cord stimulator reprogramming is not medically necessary.