

<b>Case Number:</b>	CM15-0042765		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	12/26/2000
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 35 year old female, who sustained a work/industrial injury on 12/26/00. She has reported initial symptoms of low back pain radiating to the lower extremity with occasional numbness and tingling in the lateral and anterior leg. The injured worker was diagnosed as having lumbar radiculitis, lumbar facet arthropathy, lumbar degenerative disc disease, lumbar myofascial pain syndrome, and ailed back surgery syndrome. Treatments to date included medication and physical therapy. Currently, the injured worker complains of lower back pain, bilateral lower extremity left side > right side and associated with occasional numbness and tingling. The treating physician's report (PR-2) from 2/3/15 indicated there was no display of pain behavior throughout the examination, in no acute distress. Medications included Butrans, Gralise, Celebrex, and Flexeril. Treatment plan included spinal cord stimulator trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Indication for stimulator implantation Page(s): 101, 107.

**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, Spinal Cord Stimulator (SCS) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Intractable Low Back Pain.

**Decision rationale:** Concerning spinal cord stimulators, MTUS and ODG state, "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." While Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I are possible conditions for use of spinal cord stimulator, ODG and MTUS additionally clarifies that evidence is limited and "more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain." The medical documents do not indicate when the most recent trial of physical therapy sessions were utilized or what other less invasive treatments have been tried since his surgery in with the objective results of those treatments. Additionally, no quantifying of patient's pain level or functional level was present in progress notes, which is important to assess the level of pain typically experienced by the patient to determine if the pain is "intractable," per UpToDate guidelines. As such, the request for a spinal cord stimulator trial is not medically necessary.