

<b>Case Number:</b>	CM15-0046900		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	07/31/2007
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Texas, Florida, California  
 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 38 year old female, who sustained an industrial injury on July 31, 2007. She reported low back pain with radicular pain from the right hip down the leg and numbness of the left leg, anxiety, poor sleep and poor concentration. The injured worker was diagnosed as having post laminectomy syndrome, lumbar region. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the back, physical therapy, chiropractic care, acupuncture, aquatic therapy, massage therapy, spinal and facet joint injections, medications and work restrictions. Currently, the injured worker complains of low back pain with radicular pain from the right hip down the leg and numbness of the left leg, anxiety, poor sleep and poor concentration. The injured worker reported an industrial injury in 2007 resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 20, 2015, revealed continued pain with associated symptoms. It was noted two weeks earlier she developed urinary incontinence. She reported little benefit with previous treatments. She noted some benefit with massage therapy and aquatic therapy. A spinal cord stimulator was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator trial (lead:2, metronic): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 38, 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 105 of 127.

**Decision rationale:** Regarding spinal cord stimulators, the MTUS notes they are 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. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. In this case, the patient had advancing neurologic symptoms of a more serious nature i.e. urinary incontinence, that would need investigation before masking pain symptoms. At present, an SCS trial would not be medically necessary.