

<b>Case Number:</b>	CM15-0048202		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	02/10/1992
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 69 year old female, who sustained an industrial injury on 02/10/1992. On provider visit dated 02/06/2015 the injured worker has reported low back pain. On examination she was noted to have a positive straight leg raise, tenderness in the piriformis and pain with lumbar spine range of motion. The diagnoses have included bulging lumbar disc, chronic pain syndrome, lumbar post laminectomy syndrome, myalgia and myositis unspecified and spasm of muscle. Treatment to date has included medication. The provider requested outpatient durable medical equipment (DME) spinal cord stimulator for pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient durable medical equipment (DME) spinal cord stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators; Psychological evaluations, SCS (spinal cord stimulators); Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator Page(s): 105.

**Decision rationale:** The California MTUS guidelines indicates that a spinal cord stimulator trial is indicated for individuals with failed back surgery and lower extremity symptoms were less invasive procedures have failed. The progress note dated February 6, 2015 indicates that the injured employees currently prescribed gabapentin and Norco which were stated to be helpful with the injured employees symptoms. Considering the success with these oral medications, this request for a spinal cord stimulator trial is not medically necessary.