

<b>Case Number:</b>	CM15-0050587		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	03/07/2000
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 75-year-old male with a date of injury of 3/7/00. Injury was reported due to loading and unloading vans. Past surgical history was positive for multiple lumbar surgeries including L3/4 and L4/5 laminectomy, discectomy, and posterior interbody fusion with instrumentation. Past medical history was positive for depression, diabetes mellitus, and hypertension. The 4/9/14 electrodiagnostic study evidenced bilateral L5 and S1, and left L4 radiculopathy. The 2/3/15 lumbar spine MRI demonstrated mild bilateral foraminal narrowing at the L2/3 level and facet arthropathy and facet joint degeneration at the L5/S1 level. The 2/11/15 treating physician report cited 5/10 lumbar pain with continued leg pain. He reported numbness in his legs and restless legs at night possibly associated with an increased dose of Lyrica. Activities of daily living were reported as very difficult. Treatment had included acupuncture, chiropractic treatment, discogram, epidural steroid injection, facet joint injection, heat treatment, massage therapy, occipital nerve block, physical therapy, TENS unit use, and trigger point injections. The injured worker reported 60% benefit from Norco with decreased pain and increased function. He reported constipation with use. Current medications included Norco and Lyrica. Physical exam documented tenderness to palpation over the lumbar facets, buttocks and lumbosacral region, with paravertebral muscle spasms. Gait was normal. Straight leg raise was positive. Range of motion was limited and painful. The treatment plan recommended continued Norco and reduction in Lyrica. Authorization for spinal cord stimulator trial was submitted. The 2/26/15 utilization review non-certified the request for spinal cord stimulator trial as there was no evidence of a psychological evaluation and clearance and no evidence that comprehensive multidisciplinary medical management was planned in addition to the spinal cord stimulator.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Trial spinal cord stimulator 2 leads:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators (SCS) Page(s): 38, 101, 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

**Decision rationale:** The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have not been met. This patient presents with chronic lower back pain with 60% pain reduction with Norco but associated constipation. Past medical history is positive for depression with no documentation of a psychological clearance for spinal cord stimulator trial. Therefore, this request is not medically necessary.