

<b>Case Number:</b>	CM15-0051260		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	06/15/1999
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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 56-year-old female who sustained an industrial injury on 6/15/99, due to cumulative trauma. Past surgical history was positive for L5/S1 posterior spinal fusion in August 2003. She underwent a detoxification program for six weeks in 2009. The 2/3/15 treating physician report cited severe symptoms of withdrawals. She had been taken off Suboxone and placed back on buprenorphine. Buprenorphine tablets cause oral and gut ulcerations. She did not wish to go back on the pills, but Suboxone gel films had been denied. Physical exam documented that the injured worker was very uncomfortable with antalgic gait, limited standing and sitting tolerance, and the need to change positions frequently. There was significant lumbosacral tenderness and spasms, left lower extremity weakness, decreased L5/S1 sensation, and positive left straight leg raise. The diagnosis included significant low back pain, lumbar radiculopathy, status post fusion, and hiatal hernia and long history of gastrointestinal problems. Authorization was requested for psychological clearance and spinal cord stimulator trial. The 3/9/15 utilization review non-certified the request for trial spinal cord stimulation with dual Octrode leads with assist surgeon as there was no evidence of psychological clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial spinal cord stimulation with dual Octrode leads with assistance surgeon: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Spinal cord stimulators (SCS).

**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 at this time. The injured worker presents with a diagnosis of failed low back surgery syndrome and has exhausted comprehensive conservative treatment. There was a concurrent request for psychological clearance noted and not yet completed. In the absence of psychological clearance, this request is not medically necessary.