

<b>Case Number:</b>	CM15-0052998		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	06/21/2009
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 50 year old female, who sustained an industrial injury on 6/21/09. Initial complaints were not included in the medical documentation for this review. The injured worker was diagnosed as having failed back surgery syndrome with intractable back pain; chronic myofascial pain syndrome, thoracolumbar spine moderate to severe. Treatment to date has included status post lumbar spine decompression laminectomy discectomy L4-L5 and L5-S1 with posterolateral fusion; pedicle screw fixation L4, L5 and S1 bilaterally, bilateral posterior interbody fusion with implants (3/20/12); Pedicle screw hardware blocks bilaterally L4-L5 and S1 (2/14/14); Trigger point injections (5/12/14); CT scan lumbar spine (6/27/14); x-ray lumbar spine (6/27/14); medications. Currently, the PR-2 notes dated 1/15/15, the injured worker complained of constant intractable lower back pain with frequent numbness in the right leg. The injured worker indicates she had more than 50% improvement of upper back pain from trigger point injections completed on 5/12/14. The treatment plan included prescribed medications Naproxen 550mg and Wellbutrin SR 100mg, gym membership for 3 months and a spinal cord stimulator trial. Utilization Review denied this requested based on MTUS guidelines criteria that no psychological evaluation had been completed. The documentation submitted did not include a psychological evaluation in support of the 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 106-107.

**Decision rationale:** According to MTUS guidelines, spinal cord stimulator 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. (Mailis-Gagnon-Cochrane, 2004) (BlueCross BlueShield, 2004) See indications list below. Indications for stimulator implantation: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.) Post amputation pain (phantom limb pain), 68% success rate- Post herpetic neuralgia, 90% success rate- Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury) Pain associated with multiple sclerosis. Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. (Flotte, 2004)The patient had failed back surgery syndrome, chronic lumbosacral strain, and degenerative disc disease with radiculopathy. Therefore, the patient meets criteria for a trial; however, there is no documentation of a psychological consult. Subsequently, the request for cervical spinal cord stimulator trial is not medically necessary.