

<b>Case Number:</b>	CM15-0055285		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 male who sustained an industrial injury on 4/8/13. Injury occurred when he fell from a 10-12 feet ceiling to a concrete slab. Past surgical history was positive for L3/4 and L4/5 lumbar fusion surgery in 1981, with hardware removal in 2013. The 12/23/13 lumbar spine MRI impression documented old compression fractures of the L3 and L4 vertebra, and evidence for moderate central canal stenosis at L2. There was marked kyphosis, 5 mm spondylolisthesis L2 on L3, 4 mm of spondylolisthesis of L3 on L4, and spondylolisthesis at L5 on S1. There was a broad-based disc bulge at L5/S1 with moderate bilateral neuroforaminal stenosis. He underwent cervical spinal fusion at C3/4 in February 2014. The 11/17/14 electrodiagnostic report documented findings consistent with a chronic right L4 and L5 radiculopathy, and chronic left L5 and S1 radiculopathy. A cervical spine MRI on 12/23/14 impression documented a large C3/4 disc protrusion and disc protrusions at C4/5 and C5/6. The 2/13/15 treating physician report indicated that the patient had persistent low back pain radiating to the legs. Pain level was 4-6/10, activity level was 2/5, sleep was fair, he was performing activities of daily living, and he was not working. Medications reduced his pain level. Physical exam documented slightly antalgic gait with right foot AFO, mild cervical paraspinal and trapezius tenderness, moderate lumbar paraspinal tenderness, and mild buttocks tenderness. There was bilateral adductor pollicis brevis, right hip flexion, right extensor hallucis longus, and dorsiflexion weakness. Sensation was decreased in the right arm, and right anterior lateral thigh and calf. Discogenic maneuvers were pain provoking, and lumbar range of motion was limited and pain. The treatment plan recommended continued Norco 10/325 mg three times a day as

needed and gabapentin 300 mg three times a day. The injured worker wanted to try spinal cord stimulation for his low back and leg pain. Authorization was requested for a spinal cord stimulator trial. The 2/23/15 utilization review denied the request for spinal cord stimulator, as there was no evidence of recent psychological assessment to determine the appropriateness of this request.

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

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

**SCS Trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009 Page(s): 106.

**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 pain following lumbar fusion surgery. Medications have been reported as reducing pain but there is no clear pain or functional assessment relative to medication use. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no evidence of a psychological evaluation and clearance for this trial. Therefore, this request is not medically necessary.