

<b>Case Number:</b>	CM15-0055483		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 32 year old male, who sustained an industrial injury on 1/24/11. He reported abdominal pain. The injured worker was diagnosed as having neuropathic peripheral nerve and depression. Treatment to date has included activity restrictions, oral medications, topical medications, hernia repair and hernia revision. Currently, the injured worker complains of sharp, tender, aching, pins and needles pain in right groin. Upon physical exam dated 2/12/15, abdominal exam revealed a well healed scar with numbness below the scar. The treatment plan included compounded cream, Cymbalta, Nexium and trial spinal cord stimulator

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Trial of Spinal cord stimulator: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 101, 106-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Spinal Cord Stimulator.

**Decision rationale:** CA MTUS states that spinal cord stimulator only for selected patients only for selected patients when less invasive procedures have failed, for the diagnoses listed below and after a successful trial. Consideration of spinal cord stimulator is reasonable in failed back syndrome, complex regional pain syndrome or chronic neuropathic pain in which appropriate medical management for at least 6 months has not provided adequate relief. Psychological evaluation prior to trial implantation is indicated and recommended. ODG includes the following criteria for consideration of a spinal cord stimulator for failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: (1) symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); (2) psychological clearance indicates realistic expectations and clearance for the procedure; (3) there is no current evidence of substance abuse issues; (4) there are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. Estimates are in the range of 40-60% success rate 5 years after surgery. 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 due to potential complications and limited literature evidence. In this case, there is good documentation of failure of conservative treatments. The medical records include a psychological screening battery which indicates depression, anxiety and moderate somatization. There is not included any formal psychological consultation which would be essential in determining whether a spinal cord stimulator trial would be appropriate. A trial of spinal cord stimulator is not medically indicated at this time as there are psychological concerns which have not been fully addressed. Therefore the request is not medically necessary.