

<b>Case Number:</b>	CM15-0081782		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	03/21/2010
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old female who sustained an industrial injury on March 21, 2010. She has reported injury to the low back, right buttock, right thigh, and leg and has been diagnosed with chronic right low back, thigh and leg pain and mild degenerative lumbar scoliosis. Treatment has included medical imaging, medications, activity restriction, injections, a TENS unit, physical therapy, ice, and heat. Currently the injured worker has pain to the right low back, right buttock, right thigh, and leg. The treatment request included a trial spinal cord stimulator.

### 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 stimulation Page(s): 105 to 107, 101.

**Decision rationale:** The patient presents with low back pain radiating to the right leg. The request is for Spinal Cord Stimulator Trial. The provided RFA is dated 04/10/15 and the patient's date of injury is 03/21/10. The diagnoses include chronic pain syndrome, sacroiliitis, lumbar radiculopathy, degeneration of lumbar intervertebral disc, myalgia, and degenerative lesion of articular cartilage, fibromyositis and reactive depression. Per 04/10/15 report, physical examination of the lumbar spine revealed increased tenderness and spasm over the right lumbosacral with palpation. Straight leg raise test and Patrick's are both positive on the right. MRI of the lumbar spine performed on 03/29/15, revealed disc dehydration, minor posterior extension of disc annulus and several levels with annular fissures. Treatment has included medical imaging, medications, activity restriction, injections, a TENS unit, physical therapy, ice, and heat. Current medications include Norco, Lyrica, Celebrex and Soma. The patient's work status is unavailable for review. MTUS Chronic Pain Treatment Guidelines page 105 to 107, Under spinal cord stimulation, states, "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis and peripheral vascular disease. MTUS page 101 also requires psychological evaluation prior to spinal cord stimulator trial. Treater has not provided a reason for the request. The patient has continued radicular pain and has failed conservative therapies including; injections, TENS unit, physical therapy, ice and heat. MTUS recommends a trial for spinal cord stimulator for patient's with "failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis and peripheral vascular disease." In this case, the patient does not present with the indications for an SCS trial. Furthermore, MTUS guidelines require a psychological evaluation before SCS trial. There is not documentation provided to indicate that the patient has received a psychological evaluation. Therefore, the physician's request is not medically necessary.