

<b>Case Number:</b>	CM15-0087590		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	03/30/2006
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 65-year-old female who sustained an industrial injury on 3/30/06, due to cumulative trauma. Past surgical history was positive for lumbar fusion and decompression at L4-S1. Past medical history was reported as negative. The 5/31/13 lumbar spine MRI impression documented post-operative changes of posterior lateral fusion at L4-S1 with mild foraminal encroachment at these levels. At L3/4, there was an annular bulge with a right lateral protrusion and degenerative spurring resulting in moderate to severe right and moderate left foraminal stenosis. There was mild central stenosis. At L2/3, there was mild to moderate bilateral foraminal stenosis, right greater than left, and mild to moderate central stenosis. At L1/2, there was mild bilateral foraminal stenosis, left greater than right, and mild central stenosis. The 2/25/15 initial orthopedic consult documented considerable daily lumbosacral pain with radiating symptoms of burning, numbness and tingling into the right leg. Difficulty was reported with activities of daily living. Exercise in the gym and pool have helped significantly. Current medications included occasional Motrin. Physical exam documented lumbosacral tenderness and spasms, limited range of motion, positive straight leg raise, diminished right Achilles reflex, numbness and tingling in the L4/5 and L5/S1 distribution, and weakness in extension and plantar flexion of the right foot. The diagnosis was chronic lower back pain, lumbar radiculopathy, degenerative disc disease, status post lumbar fusion at L4-S1, and sciatica. The treatment plan recommended a neoprene brace for daily use and 12 month gym membership with pool access. The 3/17/15 treating physician report cited on-going back pain with radiating symptoms down her leg to the foot. Pain was constant and worsening. Physical exam documented lumbosacral

tenderness and spasms, decreased range of motion due to pain, right sided L4/5 and L5/S1 radiculopathy with numbness and tingling, and positive right straight leg raise. The diagnosis was chronic lower back pain, lumbar radiculopathy, degenerative disc disease, status post lumbar fusion at L4-S1, and sciatica. The treatment plan recommended a 12-month gym exercise program with pool exercise. She had reportedly failed all other conservative treatment including surgery, injections, anti-inflammatory medications, and pain medications. Due to her on-going back pain and chronic radiculopathy with failed back syndrome, authorization was requested for a spinal cord stimulator trial. The 4/15/15 utilization review non-certified the request for spinal cord stimulator trial as there was no documentation of psychological clearance. The 4/29/15 treating physician report cited on-going back pain with radicular symptoms into her right leg. A request for selective nerve root block at L4-S1 was reported under review. The injured worker was taking Motrin and using Lidoderm patches. Appeal of the denial of the request for 12-month gym membership and pool access was requested.

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

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

**Outpatient spinal cord stimulator trial 2 leads:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**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 injured worker presents with on-going back pain radiating into the right lower extremity with numbness and tingling. Clinical exam findings are consistent with an L4/5 and L5/S1 radiculopathy. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Medications were reportedly limited to occasional Motrin and Lidoderm patches. Exercise has been reported as beneficial. A request for selective nerve root block was pending. Additionally, there is no documentation of psychological clearance for the spinal cord stimulator trial. Therefore, this request is not medically necessary.