

<b>Case Number:</b>	CM15-0087872		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	04/24/2000
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	05/01/2015
<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 59-year-old female who sustained an industrial injury on 4/24/00. The mechanism of injury was not documented. The 4/10/15 treating physician report indicated that the injured worker had been experiencing cervical spine pain for more than 10 years. She reported intermittent grade 3/10 cervical pain radiating to the bilateral upper extremities. Pain was improved with resting and spinal cord stimulator. A lumbar epidural steroid injection was performed on 3/26/15 with 40% initial pain relief. She reported that during her meeting with the representative regarding her cervical spinal cord stimulator, she was informed that the battery was completely dead and it could no longer be programmed. She was in a state of anxiety as she had used the cervical spinal cord stimulator for 5 years. Although she was not pain free, he had a good quality of life and was able to function independently since it was implanted in March 2010. Physical exam documented decreased upper and lower extremity dermatomal sensation, symmetrical deep tendon reflexes, 4/5 left biceps weakness, and 4+/5 right hamstring weakness. Cervical range of motion was limited with negative Spurling's tests. Medications included Sertraline, Zanaflex, omeprazole, Lidoderm patches, Vimovo, and Neurontin. The diagnosis was spinal stenosis in the cervical region, acquired spondylolisthesis, and brachial neuritis/radiculitis. The treatment plan recommended replacement of the spinal cord stimulator. The 5/1/15 utilization review non-certified the request for spinal cord stimulator replacement as the patient did not meet guideline criteria for use and guidelines did not support the use of a spinal cord stimulator in the cervical spine. The 5/7/15 treating physician appeal report stated that the patient was diagnosed with chronic neck and lower back pain, cervical post-laminectomy syndrome,

bilateral cervical radiculopathy, bilateral carpal tunnel syndrome, cervical pseudoarthrosis, lumbar radiculopathy, lumbar degenerative disc disease, lumbosacral acquired spondylolisthesis, thoracic spondylosis, lumbar stenosis, lumbar facet arthropathy, lumbar radicular, gastric reflux, and depression. The injured worker had been able to manage her pain, increase her function, and live independently with her spinal cord stimulator and medications. Current medications only included Lidoderm patches, and Neurontin. He stated that MTUS guidelines support the use of spinal cord stimulator as an option for adults with chronic neuropathic pain lasting at least 6 months despite appropriate conventional medical management, and who have had a successful trial of stimulation.

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

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

**Spinal Cord Stimulator replacement:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back chapter (Acute & Chronic) - Spinal Cord Stimulation (SCS).

**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. SCS is recommended as a treatment option for adults with chronic neuropathic pain lasting at least 6 months despite appropriate conventional medical management, and who have had a successful trial of stimulation. Guideline criteria have been met. This patient presents chronic neuropathic pain and a diagnosis of cervical post-laminectomy syndrome. She has utilized a spinal cord stimulator for 5 years with good pain management and improved functional ability. She was able to live independently using the spinal cord stimulator. The current battery is dead and the unit requires replacement. Therefore, this request is medically necessary.