

<b>Case Number:</b>	CM15-0236554		
<b>Date Assigned:</b>	12/11/2015	<b>Date of Injury:</b>	04/22/2006
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	11/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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(n) 64 year old male, who sustained an industrial injury on 4-22-06. The injured worker was diagnosed as having lumbar degenerative disc disease and post lumbar laminectomy syndrome. Subjective findings (6-20-15, 8-17-15) indicated low back and bilateral lower extremity pain. He rates his pain 6-8 out of 10. Objective findings (6-20-15, 8-17-15) revealed lumbar flexion is 70 degrees, extension is 0 degrees and lateral flexion is 5 degrees bilaterally. There is also a positive straight leg raise test bilaterally. As of the PR2 dated 9-14-15, the injured worker reports low back and bilateral lower extremity pain. He rates his pain 8 out of 10. Objective findings include lumbar flexion is 70 degrees, extension is 0 degrees and lateral flexion is 5 degrees bilaterally. There is also a positive straight leg raise test bilaterally. Treatment to date has included physical therapy for the lumbar spine, a TENS unit, an EMG-NCS of the bilateral lower extremities on 10-12-12, Norco and Soma. The Utilization Review dated 11-9-15, non-certified the request for a spinal cord stimulator trial, outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator Trial -Out Patient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Spinal cord stimulators (SCS).

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 2006 when he was involved in a rear end motor vehicle accident. He underwent a multilevel fusion from L3 to the sacrum in November 2011. An MRI of the lumbar spine in April 2012 showed postsurgical changes. Electrodiagnostic testing in October 2012 showed findings of a severe sensory polyneuropathy. He was seen for psychological clearance for a spinal cord stimulator trial on 05/08/15 and determined to be an appropriate candidate. When seen, he had continued complaints of severe low back pain located in the midline and to the left of midline. He had continued complaints of stinging and numbness in both lower extremities. Norco, Ambien, and Soma were being prescribed and providing some pain relief and he was using a TENS unit. Physical examination findings included a body mass index over 35. There was midline lower lumbar spine tenderness. There was decreased cervical and lumbar spine range of motion. He had an antalgic gait. He had decreased upper and lower extremity strength and pain with light touch in the upper and lower extremities. He had positive straight leg raising bilaterally. Medications prescribed included Norco 7.5/325 mg. A spinal cord stimulator trial can be recommended for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions that include failed back surgery syndrome. In this case, the claimant has electrodiagnostic testing showing a severe sensory polyneuropathy and physical examination findings consistent with this diagnosis. He is not taking any medications for neuropathic pain. Medications include Norco at a MED (morphine equivalent dose) well below 120 mg per day with reported partial benefit and without adverse side effect. He has not failed recommended conservative treatments. A spinal cord stimulator trial is not medically necessary at this time.