

<b>Case Number:</b>	CM14-0131098		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	01/13/2009
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 64-year-old who was injured in a work related accident on 01/13/09. The medical records provided for review documented that the claimant was status post instrumented fusion at L4-5 with hardware removal, chronic left lumbar radiculitis, post laminectomy syndrome, and status post left knee replacement surgery August 2013. The progress report dated 07/08/14 described complaints of pain in the left knee and low back with radiating leg pain. It was documented that the claimant had an unstable gait pattern and used a cane. Examination revealed frozen range of motion of the right shoulder. Examination of the left knee identified a well healed incision, mild effusion and moderate allodynia over the anterior aspect of the left knee. Due to a concern for possible infection of the knee, an infectious disease consultation was recommended. Additional treatment recommended was medication management and referral of the claimant for a spinal cord stimulator trial given the lower extremity findings. There was no documentation of psychological clearance or assessment in this individual. There is no recent clinical imaging available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal stimulator trial:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS), Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. Indications for stimulator implantation:- Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. 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.- Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.)- Post amputation pain (phantom limb pain), 68% success rate- Post herpetic neuralgia, 90% success rate - Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury)- Pain associated with multiple sclerosis - Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. (Flotte, 2004) Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp; 18th Edition, 2013 Updates; Psychological evaluations for IDDS and SCS. Recommended pre intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial.

**Decision rationale:** California MTUS Chronic Pain Guidelines and supported by the Official Disability Guidelines do not support the request for a trial of a spinal stimulator. The medical records do not contain documentation of psychological clearance for this individual with multiple underlying comorbidities and diagnosis. There is also a question for a potential knee infection for which the claimant has been referred to infectious disease for follow up. The need for implementation of a spinal cord stimulator in the setting of a possible active infection and the lack of psychological clearance has not been established. Therefore, the request for a spinal stimulator trial is not medically necessary and appropriate.