

<b>Case Number:</b>	CM14-0165832		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	08/28/2002
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 43-year-old male with a 8/28/02 date of injury. At the time (9/29/14) of the Decision for Lumbar spinal cord stimulator trial, there is documentation of subjective (low back pain radiating to bilateral lower extremities) and objective (tenderness over the back area, restricted range of motion, positive straight leg raising test, and intact sensory) findings, current diagnoses (lumbar degenerative disc disease and lumbar radiculopathy), and treatment to date (medications and epidural steroid injection). Medical reports identify that the patient had not undergone any back surgery and physical therapy. In addition, medical reports identify that the patient had undergone psychological evaluation for the spinal cord stimulator trial. There is no documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation) or CRPS/RSD.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spinal cord 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 Guidelines (ODG): Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), primarily lower extremity pain, less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of failed back syndrome. In addition, California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of CRPS/RSD, careful counseling and patient identification, that the SCS will be used in conjunction with comprehensive multidisciplinary medical management, and that SCS will be combined with physical therapy, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of CRPS/RSD. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease and lumbar radiculopathy. In addition, there is documentation of primarily lower extremity pain, less invasive procedures have failed (medications and epidural steroid injections), and a psychological evaluation prior to the trial. However, given documentation that the patient had not undergone any back surgery, there is no documentation of failed back syndrome (persistent pain in patients who have undergone at least one previous back operation) or CRPS/RSD. Therefore, based on guidelines and a review of the evidence, the request for Lumbar spinal cord stimulator trial is not medically necessary.