

<b>Case Number:</b>	CM14-0173014		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/19/2000
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 32 year old male who had a work injury dated 7/19/00. The diagnoses include major depressive disorder with psychotic features; lumbar disc displacement without myelopathy; status post cervical discectomy and fusion in 2001. Under consideration are requests for a trial spinal cord stimulator, dorsal column stimulator, trial lead electronic analysis of pump; IV sedation and fluoroscopic guidance. There is an appeal for the spinal cord stimulator dated 10/20/14. The appealing physician states that the patient has been having worsening of his low back pain. He continues to have significant low back pain with radiation into both lower extremities. He reports having weakness and numbness/tingling into both legs. On physical examination, he has an antalgic gait and limited lumbar ROM. Sensation is decreased in the dermatome(s). Right L2; left L3; left L4. Straight leg raise is positive on left. His motor strength is also reduced in his bilateral lower extremities. The document further states that the patient has had a recent surgical consultation for his low back pain on 8/25/14. The patient has 3 levels of protrusions on the left side (L2-3, L3-4, and L4-5) as seen on his lumbar spine MRI dated 5/21/14. There are also underlying discogenic changes. Therefore, his surgery would be a large scale decompression and surgery may actually aggravate the axial pain significantly. The results of the surgery will be unpredictable. Hence the surgeon recommended a trial of spinal cord stimulator first to see if his pain can be alleviated and surgery can be avoided. If the spinal cord stimulator trial is unsuccessful, the patient may return to proceed with a decompression discectomy. The appeal states that surgery would be the last resort with the understanding that it cannot be cured. Furthermore the appeal states that the patient has had tried extensive conservative treatment modalities such as physical therapy, bracing, chiropractic treatment, acupuncture, multiple lumbar epidural steroid injections, vocational rehabilitation and anti-

inflammatories but continues to have pain. He is a graduate of functional restoration program but continues to be symptomatic. The patient is interested in a trial of spinal cord stimulator to see if he can avoid surgery and potentially decrease on his medications. The patient also has a thoracic spine MRI from March 2008 and there is no contraindication to proceed with this SCS procedure. The patient recently underwent a psychiatric follow up on 9/19/14. As per the report, the patient is stable on his anti-depressants. He denies any suicidal ideation or hallucinations. A psychological screen will be done prior to the trial of spinal cord stimulator. The documenting physician is confident that he will be cleared for the procedure given that he is seeing a psychiatrist regularly and is stable on anti-depressants. Given the ongoing low back and lower extremity pain, failure of conservative treatment management, the documenting physician feels this patient should at least given a chance to try this spinal cord stimulator and states that the treatment is consistent with MTUS guidelines.

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

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

**Trial spinal cord stimulator, dorsal column stimulator, trial lead electronic analysis of pump:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators (SCS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulator).

**Decision rationale:** Trial spinal cord stimulator, dorsal column stimulator, trial lead electronic analysis of pump is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state that psychological evaluations are recommended prior to a spinal cord stimulator (SCS) trial. The MTUS guidelines state that the criteria for a spinal cord stimulator include failed back syndrome (persistent pain in patients who have undergone at least one previous back operation); CRPS; post amputation pain (phantom limb pain), post herpetic neuralgia, spinal cord injury dysesthesia; pain associated with multiple sclerosis; peripheral vascular ; amputation. The documentation does not indicate failed low back syndrome secondary to a prior low back operation or evidence of the other conditions that may benefit from a spinal cord stimulator trial. There is no evidence of a psychological evaluation specifically for the spinal cord stimulator trial. The request for a spinal cord stimulator (SCS) trial is not medically necessary.

**IV Sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Fluoroscopic Guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary