

<b>Case Number:</b>	CM14-0185387		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	10/03/2007
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 and Rehabilitation, 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:

This is a female patient with the date of injury of October 3, 2007. A Utilization Review dated October 15, 2014 recommended non-certification of trial spinal cord stimulator, lumbar. A Progress Report dated September 4, 2014 identifies Interim History of continued depressive episodes as well as anxiety, due to her ongoing pain with significant functional limitation. Objective Findings identify tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region. There are trigger points and taut bands with tenderness to palpation noted throughout. Decreased lumbar spine range of motion. Decreased left Achilles tendon reflex. Decreased strength left lower extremity. Assessment identifies lumbar post-laminectomy syndrome with bilateral lower extremity radiculopathy left greater than right, status post laminectomy L4, L5 May 1, 2009, status post L4-5 AP fusion August 26, 2010, cervical myoligamentous injury, reactionary depression/anxiety, and medication induced gastritis. Treatment Plan identifies trial of spinal cord stimulator to treat the patient's lumbar post-laminectomy syndrome and medications. There is note that the patient received psychological clearance on January 10, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial spinal cord stimulator, lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulator Page(s): 101. 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38, 101, 105-107 of 127.

**Decision rationale:** Regarding the request for a spinal cord stimulator trial, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, it's stated that the patient received psychological clearance on January 10, 2013. However, this was almost two years ago and the psychological clearance report has not been submitted for review. In light of such issues, the currently requested spinal cord stimulator trial is not medically necessary.