

<b>Case Number:</b>	CM13-0050151		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/19/1999
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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: New York, New Hampshire, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 sustained a work related injury on July 19, 1999. The exact mechanism of the work related injury and body parts involved was not included in the documentation provided. The Primary Treating Physician's visit dated October 24, 2013, noted the injured worker with failed back surgery syndrome lumbar radicular pain, as well as recurrent ventral hernia related pain, status post fusion ten years previously. The injured worker was noted to have had three previous lumbar surgeries. Copies of the surgical reports were not included in the documentation provided. The injured worker was noted to have lumbar pain radiating to the bilateral feet, described as constant, sharp, dull, aching, throbbing, pins and needles, numbness, pressure, weakness and spasm, partially relieved with medication and a home exercise program. Physical examination was noted to show abnormal palpation and tenderness at L2-L3, with left lumbar tenderness and spasm, and a moderate/large, tender ventral hernia. The injured worker was noted to have an antalgic gait and decreased bilateral lower extremity strength. The Physician noted the problems as a ventral hernia, lumbar region sprain/strain, failed back surgery, lumbar degenerated disc disease, and lumbar radiculopathy. The injured worker's medications were listed as Soma, Trazadone HCL, Norco, MS Contin, Zanaflex, Sertraline HCL, Tricor, Lisinopril, and Simcor. The injured worker's most recent urine toxicology screen was noted to be consistent with all prescribed medications. The Physician noted the injured worker was to continue with conservative treatments, to include a home exercise program, moist heat, and stretching. The Physician requested authorization for a Spinal Cord Stimulator trial for the lumbar spine as an outpatient. On November 1, 2013, Utilization Review evaluated the request

for a Spinal Cord Stimulator trial for the lumbar spine as an outpatient, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM), <https://www.acoempracguides.org/LowBack> , and <https://www.acoempracguides.org/ChronicPain>. The UR Physician noted the injured worker had previously been authorized for an inpatient detoxification program, and that as the injured worker was awaiting the inpatient detoxification program, the request for a Spinal Cord Stimulator trial for the lumbar spine as an outpatient was recommended for non-certification as medically not necessary or appropriate. The decision was subsequently appealed to Independent Medical Review.

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

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

**Spinal cord stimulator trial for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 250-322. Decision based on Non-MTUS Citation low back chapter. Current indications for inserting a stimulator of the posterior columns of the spinal cord in the treatment of intractable pain. Sedan R, Farnarier G, Rossi PP. *Sem Hop.* 1976 May 9-16;52(18-19):1139-43. French. No abstract available. PMID:189392[PubMed - indexed for MEDLINE] Dorsal column stimulator applications. Yampolsky C, Hem S, Bendersky D. *Surg Neurol Int.* 2012;3(Suppl 4):S275-89. doi: 10.4103/2152-7806.103019. Epub 2012 Oct 31. PMID:23230533[PubMed] Free PMC Article Related citations Quality assurance for interventional pain management procedures. Zhou Y, Furgang FA, Zhang Y. *Pain Physician.* 2006 Apr;9(2):107-14. PMID:16703970[PubMed - indexed for MEDLINE] Free Article

**Decision rationale:** The patient is not an appropriate candidate for an SCS device at this time. The medical records do not indicate that the patient has had a psychiatric evaluation to see if the patient is an appropriate candidate for an SCS device. Also, the medical records indicate that the patient has successfully completed the drug rehab program that has been recommended. SCS device treatment is not appropriate at this time. Current medical literature included above does not indicate that the SCS device is needed at this time for this patient.