

<b>Case Number:</b>	CM13-0069229		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/21/1999
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 is a 74 year old male, who sustained an industrial injury on 9/21/99. He has reported lifting something heavy he felt a sharp pain in the low back and fell to his knees. The diagnoses have included lumbosacral radiculitis and displacement of the lumbar intervertebral disc without myelopathy. Treatment to date has included medications, physical therapy, and pool therapy. Epidural Steroid Injection (ESI), Transcutaneous Electrical Nerve Stimulation (TENS), behavioral medicine evaluation, and trial placement of spinal cord stimulator. Currently, as per the physician progress note dated 7/23/13, the injured worker had excellent response to his spinal cord stimulator trial. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 9/6/12 revealed disc bulge and protrusion. The injured worker has failed physical therapy, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and pain medication. He has undergone a trial spinal cord stimulator on 4/25/13. The injured worker reported that he was able to sleep well with the stimulator on and he was able to go for walks with minimal right leg pain. It was noted that he did not have to use Celebrex or other pain medications. He reported that he was able to function much better especially with walking and used the unit 95 percent of the time during the trial implant. He currently continues to have low back pain that radiates to the right lower extremity rated 5-7/10 on pain scale. The current medications included Celebrex, Anaprox, Lidoderm patches and Terocin as needed. Physical exam revealed forward flexion with back pain radiating to right lower extremity and positive straight leg raise on the right causing right leg pain. The physician requested treatment includes PERMANENT PLACEMENT OF SPINAL

CORD STIMULATOR AND TWO LEADS FOR SYMPTOMS RELATED TO LUMBAR SPINE INJURY AS OUTPATIENT.

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

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

#### **PERMANENT PLACEMENT OF SPINAL CORD STIMULATOR AND TWO LEADS FOR SYMPTOMS RELATED TO LUMBAR SPINE INJURY AS OUTPATIENT:**

Overtured

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-106.

**Decision rationale:** With regard to spinal cord stimulators, the MTUS CPMTG states: 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. 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) The documentation submitted for review does indicate that the injured worker underwent successful stimulator trial 11/13/13. No pain medications were used with the trial placement. I respectfully disagree with the UR physician's denial based upon the lack of documentation of the use of antineuropathic medications. The guidelines cited above do not note this as a criteria. The request is medically necessary.