

<b>Case Number:</b>	CM14-0210619		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	02/18/1999
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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: Texas  
 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:

This injured worker is a 65-year-old female with a date of injury of 02/18/1999. The mechanism of injury was not provided. Her diagnoses included lumbar radiculopathy, lumbar facet atrophy, degenerated disc disease of the lumbar, lumbar discogenic spine pain, and chronic pain. Her past treatments included physical therapy, activity modification, and medications. Her surgical history included lumbar surgery x4 with no hardware. On 12/01/2014, it was noted the injured worker complained of pain in her back, left hip, buttock, and feet. She described the pain as sharp, stabbing, pressure with electrical shooting, burning, stinging, cramping, and weakness and she self rated it as a 7/10 on a good day. She is also awaiting authorization for spinal cord stimulator trial. Physical examination findings included tenderness to palpation along the lumbosacral area with range of motion to forward flexion at 110 degrees and hyperextension to 10 degrees. Sciatic notch tenderness was present bilaterally. Her current medications are Percocet, Lidoderm patch, Ambien CR, Brintellix, and Latuda. The request is for a spinal cord stimulator trial with 2 leads and the rationale is she is not a candidate for surgery at this time. The Request for Authorization dated 11/10/2014 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator trial with 2 leads QTY: 1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator (SCS) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Pain Procedure Summary last updated 03/21/2013

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

**Decision rationale:** The request for spinal cord stimulator trial with 2 leads is medically necessary. The injured worker presented with continued chronic failed back syndrome. The injured worker has had 4 prior lumbar surgeries. The injured worker underwent a psychological examination on 11/17/2014 showed she was competent to make the decision to treat her low back pain. The guidelines recommend the spinal cord stimulator in cases where less invasive procedures have failed. The injured worker was noted to have significant radiating neuropathic pain from the low back to the lower extremities. The injured worker has undergone a former psychological evaluation and has been cleared for the spinal cord stimulator implantation trial. Based on the above, the submitted documentation supports the guidelines. As a result, the request for spinal cord stimulator trial with 2 leads is medically necessary.