

<b>Case Number:</b>	CM14-0214551		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	01/11/2008
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old female with an injury date of 01/11/08. Based on the 12/03/14 progress report, the patient complains of neck pain radiating into the right shoulder. The pain level is at 7/10 without medications and at 6/10 with medications. The patient also complains of low back pain that radiates into the right buttocks and down the right posterior thigh through the calf into the dorsal aspect of the foot. The current medications are Omeprazole, Ultram, Lyrica, and Metformin Hcl Er. The patient walks with a mild antalgic gait and use of a single point cane. There is palpable tenderness of the paravertebral muscles, bilaterally and overlying the hardware. Dorsalis pedis and posterior tibial pulses are present. There are hyperesthesias over the right S1 dermatome more than the L5 dermatome. The straight leg raise is positive on the right lower extremity. CT scan of the lumbar spine dated 07/09/14 revealed posterior element osseous fusion and surgical fixation is observed at L5-S1 without a fracture, hardware compromise, or subsidence. The diagnoses include following: 1. Cervical strain. 2. Lumbar radiculopathy. 3. L5-S1 annular tear. 4. Chronic low back pain. 5. L5-S1 disc displacement. 6. Reactive depression. 7. Status post L5-S1 anterior and posterior fusion with case and instrumentation; posterior spinal instrumentation and fusion. The treating physician is requesting for spinal cord stimulator trial to be performed by [REDACTED] on 12/03/14. The utilization review determination being challenged is dated 12/16/14. The requesting physician provided treatment reports from 05/29/14-12/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Spinal Cord Stimulator Trial:** Upheld

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

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

**Decision rationale:** This patient presents with neck pain radiating into the right shoulder and lumbar spine pain that radiates into lower extremity. The request is for spinal cord stimulator trial. Per 12/03/14 report, the treater states that the patient's failed conservative measures as well as surgical measures with ongoing severe 7/10 burning pain in her right leg. This interferes with her function and sleep and requires ongoing medication management which only mildly improves her symptoms as opioids have poor efficacy on neuropathic pain. The three day trial should be adequate to determine if spinal cord stimulator coverage would improve her situation. MTUS Guidelines pages 105 to 107 states that spinal cord stimulation is recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial. Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis, and peripheral vascular disease. MTUS page 101 states that psychological evaluation is recommended pre-intrathecal drug delivery systems and spinal cord stimulator trial. According to the utilization review letter dated 12/16/14, the patient underwent a recent extensive psychiatric QME and future psychiatric and psychological care was recommended. However, the treater does not discuss result of psychological evaluation and no documentation is provided that the patient is an appropriate candidate for spinal cord stimulator trial. The request is not medically necessary.