

<b>Case Number:</b>	CM14-0032205		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 38 year old male with an injury date of 05/04/10. Based on the 12/05/14 progress report provided by treating physician, the patient complains of worsening pain and tenderness over the left great toe with intermittent pain and poor nail growth, callus over the left toe which contributes to abnormal gait. Patient also complains of lower back pain rated 6/10 with medication (7/10 without) which radiates down the left lower extremity. Patient is status post L4-L5 and L5-S1 Anterior Lumbar Interbody Fusion on 01/25/12, status post left L5-S1 laminotomy and foraminotomy and removal of hardware at L4-S1 on 04/03/13. Physical examination dated 12/05/14 notes antalgic gait, notes no palpable tenderness over paravertebral muscles, no evidence of tenderness over the sciatic notches, and sensory-motor function within-normal-limits to the lower extremities bilaterally, positive straight leg test on the left at 80 degrees. The treating physician notes decreased strength to the left lower extremity for hip flexion and ankle dorsiflexion. The patient is currently prescribed Soma, Lyrica, Nucynta, Restoril, Cymbalta, Xanax, and Norco. Diagnostic imaging included CT of the lumbar spine dated 01/17/14, significant findings include: "Re-demonstration of anterior fusion at L4 through S1, as described above, with interval increase in osseous bridging of the posterior elements bilaterally, posterior fusion hardware with increased postoperative changes at L4 and L5 on the left. 2mm diffuse disk bulge which mildly extends into the foraminal zones bilaterally, mild bilateral facet joint arthropathy and ligamentum flavum thickening... moderate-to-severe spinal canal stenosis with severe narrowing of the spinal canal measuring 5mm, moderate narrowing of the neural canal bilaterally. L5-S1 interval progression of end plate spurring, left greater than right. There is also increased scarring within the posterior soft tissues, most pronounced on the left, mild-to-moderate narrowing of the left neural foramen. The neural foraminal narrowing has increased bilaterally when compared with previous examination." Patient's work status is not specified in

the reports provided. Diagnosis 12/05/14, 10/20/14- Failed back syndrome- Status post left L5-S1 laminotomy and foraminotomy; and removal of hardware at L4-S1, 04/03/13- L4-S1 pseudoarthrosis- Acute left posterior thigh radiculopathy- Depression and anxiety- L4 through S1 stenosis- Status post lumbar laminectomy- Status post L4 through S1 fusionDiagnosis 11/14/14- Major Depressive disorder- Generalized anxiety disorder- Insomnia- Psychological factors affecting painThe utilization review determination being challenged is dated 02/19/14The rationale follows:1) Pain management consultation: The rationale for this decision was not provided with the report. 2) Spinal cord stimulator trial: "While the patient does meet most CA MTUS criteria for the spinal cord stimulator trial, the psycho-social evaluation recommended... was not provided for my review, therefore the spinal stimulator trial is not supported."Treatment reports were provided from 09/03/13 to 12/05/14.

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

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

**Pain management consultation:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, consultation

**Decision rationale:** The patient presents with lower back pain rated 6/10 with medication (7/10 without) which radiates down the left lower extremity. Patient is status post L4-L5 and L5-S1 Anterior Lumbar Interbody Fusion on 01/25/12, status post left L5-S1 laminotomy and foraminotomy and removal of hardware at L4-S1 on 04/03/13. Physical examination dated 12/05/14 notes antalgic gait, notes no palpable tenderness over paravertebral muscles, no evidence of tenderness over the sciatic notches, and sensory-motor function within-normal-limits to the lower extremities bilaterally, positive straight leg test on the left at 80 degrees. The treating physician notes decreased strength to the left lower extremity for hip flexion and ankle dorsiflexion. The patient is currently prescribed Soma, Lyrica, Nucynta, Restoril, Cymbalta, Xanax, and Norco. Diagnostic imaging included CT of the lumbar spine dated 01/17/14. The request is for pain management consultation.ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127 "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient."In regards to the pain management consultation, the patient suffers from intractable lower back pain stemming from failed back syndrome and a series of invasive lower back surgeries. The imaging reports provided confirm spinal

abnormalities at several levels which support the patient's subjective reports of pain. ACOEM practice guidelines indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. Per 12/05/14 progress report, the patient's pain reduction reported from current medication regimen is not significant (down to 6/10 from 7/10). Given the patient's condition, the request for consult appears reasonable. Therefore, the request is medically necessary.

**Spinal cord stimulator trial:** Overturned

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

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

**Decision rationale:** The patient presents with lower back pain rated 6/10 with medication (7/10 without) which radiates down the left lower extremity. Patient is status post L4-L5 and L5-S1 Anterior Lumbar Interbody Fusion on 01/25/12, status post left L5-S1 laminotomy and foraminotomy and removal of hardware at L4-S1 on 04/03/13. Physical examination dated 12/05/14 notes antalgic gait, notes no palpable tenderness over paravertebral muscles, no evidence of tenderness over the sciatic notches, and sensory-motor function within-normal-limits to the lower extremities bilaterally, positive straight leg test on the left at 80 degrees. The treating physician notes decreased strength to the left lower extremity for hip flexion and ankle dorsiflexion. The patient is currently prescribed Soma, Lyrica, Nucynta, Restoril, Cymbalta, Xanax, and Norco. Diagnostic imaging included CT of the lumbar spine dated 01/17/14. Included with the report was a psychological consult dated 03/26/14, which states on page 24: "He is cleared psychologically for spinal cord stimulator therapy." The request is for spinal cord stimulator trial. MTUS Chronic Pain Treatment Guidelines page 105 to 107, under spinal cord stimulation, states, "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 also requires psychological evaluation prior to spinal cord stimulator trial. In regards to the request for a trial of a spinal cord stimulator, the patient suffers from intractable lower back pain stemming from failed back syndrome and a series of invasive lower back surgeries. Psychological evaluation conducted 03/26/14 notes significant psychological distress and depression secondary to chief complaints of chronic pain, concluding that the patient is a good candidate for spinal cord stimulation. Given the patient's condition, the failure of medications and surgery to mitigate pain, and the provided psychological evaluation which explicitly clears the patient for a spinal cord stimulator trial, the request appears reasonable. Therefore, the request is medically necessary.