

<b>Case Number:</b>	CM15-0116902		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	04/11/2002
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Illinois, California, 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 50-year-old male who sustained an industrial injury on 4/11/02, relative to cumulative trauma. Past surgical history was positive for L5/S1 laminectomy and posterior lumbar interbody fusion in approximately 2002, followed by anterior lumbar interbody fusion at L5/S1 for pseudoarthrosis in 2008. The 7/22/13 bilateral lower extremity electrodiagnostic study impression documented evidence for a chronic left S1 radiculopathy, possible concomitant chronic bilateral L5 radiculopathies without denervation, and possible early sensory peripheral polyneuropathy of questionable etiology. The 3/23/13 neurosurgeon consult report cited persistent low back pain with paresthesias in the lower extremity, left greater than right. He had been managed with pain medications thus far, but desired to wean off the medications. Pain was overall improved by heat and massage. He had difficulty sleeping. Physical exam documented paraspinal pain radiating into the buttocks and lower extremities, pain with lumbar flexion/extension, normal muscle strength, 1 to 2+/-4 reflexes, and decreased bilateral lower extremity sensation, right greater than left. MRI was reviewed and showed evidence of prior L5/S1 laminectomy with pedicle fixation and interbody hardware. There was no obvious disc herniation or canal stenosis. There was some slight disc desiccation at L2/3 and L4/5. The diagnosis was failed back syndrome and chronic pain syndrome. The injured worker was opined an excellent candidate for spinal cord stimulator trial. A pre-procedure thoracic MRI was requested. The 5/18/15 neurosurgeon report cited worsening pain over the last few days and continued struggles to obtain adequate pain control with medication. The injured worker was reported significantly debilitated by pain. Physical exam was unchanged. Thoracic MRI was

reviewed and showed no evidence of spinal cord changes, and no significant central canal stenosis or neuroforaminal narrowing. The treatment plan recommended a spinal cord stimulator trial and a behavioral pain psychologist evaluation to determine his candidacy for spinal cord stimulator trial. Authorization was requested for spinal cord stimulator trial and behavioral pain psychologist evaluation. The 5/30/15 utilization review non-certified the request for spinal cord stimulator trial as there was no evidence of all other non-invasive procedures had failed. The request for behavioral pain psychologist evaluation was non-certified as the spinal cord stimulator trial was not medically necessary.

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

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

**Spinal cord stimulation trial under MAC anesthesia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have not been fully met. This injured worker presents with persistent and debilitating low back and lower extremity pain and paresthesias. Difficulty is documented in pain management with medications. However, a spinal cord stimulator trial requires a psychological clearance, which has not been provided. Therefore, this request is not medically necessary at this time.

**Behavioral pain psychologist evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Page(s): 101.

**Decision rationale:** The California MTUS guidelines recommend psychological evaluation prior to spinal cord stimulator (SCS) trial. This injured worker meets the preliminary criteria for a spinal cord stimulator trial. A psychological evaluation is consistent with guidelines prior to proceeding with the trial. Therefore, this request is medically necessary.

