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| **Case Number:** | CM15-0175109 | | |
| **Date Assigned:** | 09/16/2015 | **Date of Injury:** | 08/03/2007 |
| **Decision Date:** | 10/26/2015 | **UR Denial Date:** | 08/06/2015 |
| **Priority:** | Standard | **Application Received:** | 09/08/2015 |

## 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: 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 62 year old male, who sustained an industrial injury on 8-3-07. Medical record indicated the injured worker is undergoing treatment for anxiety, arthritis of the back, low back pain, myofascial pain, degenerative disc disease, sciatica and post laminectomy syndrome. Treatment to date has included lumbar laminectomy, radiofrequency ablation, oral medications including Dilaudid 4mg, Lorazepam and Opana ER 20mg; transcutaneous electrical nerve stimulation (TENS) unit (which didn't help much) and activity modifications. On 1-5-15 the injured worker complained of stable back pain rated 4-10 out of 10 and described it as aching, cramping and spasmodic. Currently on 7-29-15, the injured worker complains of aching, cramping and spasmodic back pain, which is stable now, and 60% improved with medication regimen, rated 5 out of 10. He notes episode of weakness, numbness and tingling in legs, groin pain and more pain in buttocks. Work status is noted to be retired. Physical exam on 7-20-15 revealed lumbar tenderness well healed scars, antalgic and guarded gait and restricted range of motion. On 7-29-15 a request for authorization was submitted for Opana, Dilaudid and a spinal cord stimulator trial. On 8-6-15, utilization review non-certified a request for spinal cord stimulator trial noting the psych evaluation indicating the injured worker was an excellent candidate is not included with the documentation, there are no imaging studies included and it does not appear the claimant has failed extensive conservative treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator trial for the low back (under fluoroscopic guidance):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

**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) Per the medical records, it is noted that the injured worker has been treated with lumbar laminectomy, radiofrequency ablation, TENS unit, and medication management. I respectfully disagree with the UR physician's assertion that the injured worker has not failed extensive conservative treatment. It was noted that the injured worker has already undergone a psych evaluation and was found to be an excellent candidate. The request is medically necessary.