

<b>Case Number:</b>	CM15-0175469		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2015

### 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  
 Certification(s)/Specialty: Emergency Medicine

### 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 54 year old female who sustained an industrial injury on 09-14-11. A review of the medical records indicates the injured worker is undergoing treatment for herniated lumbar disc at L2-3, bilateral shoulder sprain and strain, cervical spine sprain-strain, as well as nonindustrial left knee sprain-strain, bilateral carpal tunnel syndrome, anxiety, and depression. Medical records (07-14-15) reveals lumbar spine pain is now rated at 9/10, up from 4-5/10 after the hardware block. The physical exam (07-14-15) reveals "lumbar spine range of motion, flexion is 45 degrees, extension is 10 degrees, and right and left bending is 20 degrees." Treatment has included L5-S1 arthrodesis, bilateral shoulder injections, and medications. The treating provider indicates cervical and lumbar spine MRIs (03-20-14) reveal herniated discs at C3-6 and L2-3. The original utilization review (08-27-15) non-certified a trial of dorsum column implant to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of dorsal column implant at lumbar spine:** Upheld

**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): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Spinal Cord Stimulators, Psychological Evaluation; Low Back - Lumbar & Thoracic (Acute & Chronic), Spinal Cord Stimulators (SCS).

**Decision rationale:** The requested Trial of dorsal column implant at lumbar spine is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, spinal cord stimulators (SCS), Pages 105-107 and psychological evaluations, Page 100- 101; and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Spinal Cord Stimulators (SCS) and Official Disability Guidelines- Pain (Chronic), Spinal Cord Stimulators, Psychological Evaluation note that spinal cord stimulators are Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated; and Spinal cord stimulators (SCS) should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management; and Indications for stimulator implantation: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: (1) symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); (2) psychological clearance indicates realistic expectations and clearance for the procedure; (3) there is no current evidence of substance abuse issues; (4) there are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. The injured worker has lumbar spine pain is now rated at 9/10, up from 4-5/10 after the hardware block. The physical exam (07-14-15) reveals "lumbar spine range of motion, flexion is 45 degrees, extension is 10 degrees, and right and left bending is 20 degrees." Treatment has included L5-S1 arthrodesis, bilateral shoulder injections, and medications. The treating physician has not documented physical exam confirmation of radicular pain such as a positive straight leg-raising test, or confirmation of failed indications for all other interventions, nor psychological clearance. The criteria noted above not having been met, therefore is not medically necessary.