

<b>Case Number:</b>	CM15-0039403		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	06/17/2002
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Massachusetts

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 male patient, who sustained an industrial injury on 06/17/2002. A primary treating office visit dated 12/26/2014 reported subjective complaint of neck pain that radiates down bilateral upper extremities. He continues to experience chronic low back pain that radiates down the anterior aspect of both upper legs. In addition, he complains of weakness in the bilateral legs as well as a loss of sensation; left side worse than right. The patient reports significant improvement of pain while undergoing the spinal cord stimulator trial. The use of the spinal cord stimulator has reduced his pain from an 8 in intensity to a 1 or 2 out of 10. He continues to use the Fentanyl patch for long acting pain relief. The Morphine Sulfate IR is also providing better break through relief compared to the Percocet. He takes the Morphine IR only as needed with an average of 2 tablets daily. The Celebrex provides additional pain relief. The patient continues seeing a psychiatrist, who is prescribing Effexor. He does us a continuous pressure breathing machine at night. The following diagnoses are applied; chronic low back pain; lumbar fusion; lumbar degenerative disc disease; lumbar radiculopathy; cervical degenerative disc disease with radiculopathy; cervical stenosis and status post cervical fusion on 08/05/2011. The patient is treated under the provisions of future medical care. The plan of care involved; reviewing the urine drug screening, continue Fentanyl patch, Celebrex, Flexiril, Effexor and refilled the Morphine Sulphate and Lidoderm prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine/Neurosurgery consultation for SCS (Spinal cord stimulation) implantation:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SCS  
Page(s): 107.

**Decision rationale:** 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. According to the documents available for review, injured worker has an MTUS / recommended indications for the use of a spinal cord stimulator. Therefore at this time the requirements for treatment have been met, and the request is medically necessary.