

<b>Case Number:</b>	CM15-0067466		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	04/14/2002
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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:

The injured worker was a 44-year-old female who sustained an industrial injury on 4/14/02. The mechanism of injury was not documented. She had been diagnosed with failed back surgery syndrome. Records documented persistent low back and neuropathic pain despite a course of conservative treatment. A spinal cord stimulator was noted as being effective in the provided records as of 4/23/14. There is no documentation as to the initial implantation. Records indicated that the injured worker was experiencing on-going significant lower extremity spasms for which the spinal cord stimulator was not effective. The 2/17/15 treating physician report indicated that the injured worker had on-going lower extremity spasms. Pain medications were helping with breakthrough pain. Spinal cord stimulator was placed in November 2014 for sciatic pain. On-going pain was not controlled by the spinal cord stimulator despite 2 re-programming efforts over the last two months. Subjective complaints included constant low back pain that was 2/10 on a good pain and 8/10 on a bad day. Aggravating factors included cold, activity, sitting, standing and walking. Alleviating factors included heat, cold, activity, lying down, sitting, standing, walking, medication and massage. Medications included Norco, cyclobenzaprine, ibuprofen, Paxil, Prozac, and buspirone. Lumbar spine exam documented normal gait, L4/5 tenderness, decreased range of motion, and positive straight leg raise for back pain only. Motor testing documented 4+/5 right plantar flexion, 4+/5 left tibialis anterior, and 4.5+/5 plantar flexion weakness. There was decreased bilateral L5 and left S1 sensation, 2+ bilateral patellar reflexes, and 1+ bilateral Achilles reflexes. The diagnosis was failed back surgery syndrome, lumbar radiculopathy, and lumbar degenerative disc disease. The treatment plan included

medication renewals, and continued home exercise program, heat, and stretches. The spinal cord stimulator was analyzed and found to be working normally however the injured worker was not receiving analgesia. Explantation of the spinal cord stimulator was requested. The 3/10/15 utilization review non-certified the request for explantation of the spinal cord stimulator as there was no complaints related to the device itself, and there were no indications for removal.

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

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

**Spinal Cord Stimulator (SCS) explant:** Overturned

**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. There is no guideline criteria for explanation. Records indicate that the spinal cord stimulator was not effective for the lower extremity spasms that she was experiencing. Explantation of the spinal cord stimulator would be reasonable if it is no longer beneficial. Therefore, this request is medically necessary.