

<b>Case Number:</b>	CM15-0074105		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: 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 45 year old male, who sustained an industrial injury on May 27, 2011. The injured worker was diagnosed as having L4-L5 and L5-S1 degenerative disc disease, L5-S1 interforaminal protrusion, and bilateral sacroiliac joint dysfunction. Treatment to date has included physical therapy, SI joint injections, MRI, and medications. Currently, the injured worker complains of bilateral buttock pain and right leg pain. The Primary Treating Physician's report dated March 20, 2015, noted the injured worker underwent bilateral sacroiliac joint blocks on December 6, 2014, with the left leg significantly improved and the right leg minimally improved. The injured worker was also noted to have received a selective nerve root block on the right at L5-S1 with three months of excellent relief. The injured worker was noted to have a somewhat antalgic gait on the right, with positive straight leg raise on the right, and sacroiliac joint examination mildly positive. The treatment plan was noted to include a recommendation for a repeat transforaminal epidural injection on the right at L5-S1, and a request for authorization for a psychological clearance for a spinal cord stimulator with a consultation and trial of a spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators (SCS), Pages 105-107 and psychological evaluations, Page 100-101 Page(s): 100-101, 105-107. Decision based on Non-MTUS Citation 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.

**Decision rationale:** The requested Spinal Cord Stimulator 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 treating physician has documented a somewhat antalgic gait on the right, with positive straight leg raise on the right, and sacroiliac joint examination mildly positive. The treating physician has not documented failed back surgery syndrome nor CRPS. The criteria noted above not having been met, Spinal Cord Stimulator is not medically necessary.