

<b>Case Number:</b>	CM15-0076635		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	10/16/2001
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Physical Medicine & Rehabilitation, 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 48 year old male patient who sustained an industrial injury on 10/16/2001. The patient underwent insertion of a spinal cord stimulator on 09/17/2014. Of note, he has performed a spinal cord stimulation trial in 2009, which became infected postoperatively. A primary treating office visit dated 09/18/2014 reported the patient being status post bilateral laminectomy and fusion at L4-5. He is with subjective complaint of low back pain accompanied with numbness, and tingling that radiates down the left leg. Prior treatment to include: epidural injections, physical therapy and surgical intervention. Current medications are: hydrocodone/APAP, Flexeril. He is diagnosed with post-laminectomy syndrome, and status post arthrodesis. The plan of care involved: initiating Gabapentin, Robaxin, and Tramadol, refilling medications, and reprogramming the cord stimulator. A more recent primary treating office visit dated 03/12/2015 reported current medications are: Cymbalta, Gabapentin, Robaxin, Ultram, Hydrocodone/APAP, and Flexeril. Symptoms are described as low back pain with numbness and tingling radiating down the left leg with paresthesias over the calf and shin. The provider later notes that radicular symptoms are not present. He is diagnosed with: post-laminectomy syndrome; status post lumbar arthrodesis, depression, and chronic pain syndrome. The plan of care involved: initiating Zoloft, referring for psychiatric evaluation, and peripheral nerve stimulation, increasing Gabapentin, administered an injection, and prescribed Norco, and Meloxicam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left cluneal UTZ nerve injection given 3/12/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pub Med: Reg Anesth Pain Med. 2000 Nov-Dec; pages 648-50.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/11097676>.

**Decision rationale:** Regarding the request for left cluneal nerve injection, CA MTUS and ODG do not address the issue. A search of the National Library of Medicine revealed a case report noting that unilateral low back pain and deep tenderness radiating to the ipsilateral buttock are the clinical findings accompanying SCN entrapment. The case presented emphasized the relief of possible SCN after limiting other etiologic causes of low back pain. Within the documentation available for review, there is conflicting information regarding whether or not the patient currently has symptoms suggestive of cluneal nerve entrapment versus radiculopathy and it does not appear that other causes of low back pain have been ruled out. In the absence of clarity regarding the above issues, the currently requested left cluneal nerve injection is not medically necessary.

**(PNS) Peripheral nerve stimulation trial: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines, Peripheral Nerve Stimulation, Occipital Nerve Stimulation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/18164488>.

**Decision rationale:** Regarding the request for PNS trial, CA MTUS and ODG do not address the issue. A search of the National Library of Medicine revealed that neuropathic pain responds to PNS in many patients with conditions such as post-traumatic and postsurgical neuropathy, occipital neuralgia, and complex regional pain syndromes, and in relatively new indications for neuromodulation, such as migraines and daily headaches, cluster headaches, and fibromyalgia. Future research and growing clinical experience will help in identifying the best candidates for PNS, choosing the best procedure and best hardware for each individual patient, and defining adequate expectations for patients and pain specialists. Within the documentation available for review, there is no clear rationale for a trial of PNS for this patient with radicular pain given the current limited evidence-based support for its use in this patient population. In light of the above issues, the currently requested PNS trial is not medically necessary.