

<b>Case Number:</b>	CM15-0078491		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	06/11/2011
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 62 year old male, who sustained an industrial injury on 6/11/2011. Diagnoses include chronic pain syndrome, chronic neuropathic pain, chronic low back pain and neuropathic pain in the legs. Treatment to date has included medications, medial branch blocks, diagnostics including magnetic resonance imaging (MRI) and physical therapy. Per the Primary Treating Physician's Progress Report dated 3/23/2015, the injured worker reported 5-6/10 pain in the left leg and back with severe pain and aching neuropathic condition with burning and numbness. There was no documentation of physical examination of the lumbar spine. The plan of care included, and authorization was requested for a 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 trial:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 38, 101, 105-107 of 127.

**Decision rationale:** Regarding the request for a spinal cord stimulator trial, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, there is no indication of a condition for which a spinal cord stimulator is indicated. In the absence of such documentation, the currently requested spinal cord stimulator trial is not medically necessary.