

<b>Case Number:</b>	CM15-0092595		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	11/15/1995
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 68-year-old female, who sustained an industrial injury on 11/15/1995. She has reported subsequent low back and lower extremity pain and was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy and chronic pain syndrome. Treatment to date has included oral pain medication. In a progress note dated 04/23/2015, the injured worker complained of right leg and increased back pain with radicular symptoms. Objective findings were notable for a forward flexed, kyphotic posture, trouble ambulating and positive straight leg raise, left greater than right. A request for authorization of spinal cord stimulator trial was submitted.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators (SCS), Pages 105-107 and psychological evaluations Page(s): 105-107, 100-101. 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 Trial, 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 injured worker has low back and lower extremity pain and was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy and chronic pain syndrome. Treatment to date has included oral pain medication. In a progress note dated 04/23/2015, the injured worker complained of right leg and increased back pain with radicular symptoms. Objective findings were notable for a forward flexed, kyphotic posture, trouble ambulating and positive straight leg raise, left greater than right. The treating physician has not documented physical exam confirmation of radicular pain such as a positive straight leg raising test, nor confirmation of failed indications for all other interventions nor psychological clearance. The criteria noted above not having been met, Spinal Cord Stimulator Trial is not medically necessary.