

<b>Case Number:</b>	CM13-0023276		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 underlying date of injury in this case is 09/17/2012. The primary diagnosis is a lumbosacral strain. MRI imaging of the lumbar spine of 12/05/2012 demonstrated multilevel disc desiccation. The patient has been noted to have low back pain without clear radicular symptoms. Treating physician notes indicate that an interventional pain management consultation had been recommended to consider a possible spinal stimulator. A prior physician review noted that the stimulator was not indicated and therefore the underlying interventional pain consultation was not indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interventional pain management consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS)/Spinal cord stimulators Page(s): 38.

**Decision rationale:** The California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines discusses spinal cord stimulators in the Section on Complex Regional Pain Syndrome/Spinal Cord Stimulators, page 38, noting, "Spinal cord stimulators

should be used only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management." These guidelines support such a stimulator in very specific cases, most notably for forms of neuropathic pain. The medical records in this case do not indicate that this patient has neuropathic pain or no other specific indication for a spinal cord stimulator. Since a spinal cord stimulator is not indicated, this request for an interventional pain management consultation therefore is not medically necessary.