

<b>Case Number:</b>	CM13-0024596		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	11/13/1991
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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/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 injured worker is a 49-year-old female who reported injury on 11/13/1991. The mechanism of injury was noted to be the injured worker stepped off a ladder and felt immediately lower back pain and radiation into the left leg. The injured worker had physical therapy, acupuncture and 2 laminectomies. The medication history included Flexeril and Naproxen as of early 2013. The injured worker had an MRI on 07/09/2012 which revealed multilevel degenerative disc disease that was worst and advanced at L5-S1. There was a posterior disc-spur complex present at this level causing mild bilateral exiting nerve root impingement. The spinal canal at all levels was widely patent. The request was made for a spinal cord stimulator. The injured worker's diagnoses were lumbar radiculopathy and chronic pain syndrome. The documentation of 10/07/2013 revealed that the injured worker had findings of midline lumbar tenderness to palpation. The acupuncture had decreased the injured worker's pain by 50%. The injured worker had a decrease in the L4-S1 dermatomes in the left lower extremity. The straight leg raise was positive in a seated position, and the injured worker had 4/5 motor strength in the left leg with flexion and extension at the knee and had slight ankle weakness. The deep tendon reflexes were diminished over the left ankle. The request was made for a spinal cord stimulator and a psych evaluation for the procedure clearance as well as naproxen and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 spinal cord stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105-107.

**Decision rationale:** The California MTUS Guidelines recommend a spinal cord stimulator when less invasive procedures have failed or are contraindicated for specific indications including failed back syndrome. A psychological evaluation is required prior to a spinal cord stimulator trial for the California MTUS Guidelines. The injured worker was noted to have trialed and failed all conservative treatment. The injured worker was status post 2 laminectomies, one in 1992 and one in 1994. The need would be supported, if the injured worker had a psychological evaluation prior to the submission of this request. The request was concurrently submitted with a request for a psychological evaluation for the spinal cord stimulator. As such, the injured worker failed to have a psychological evaluation prior to the request, and the requested spinal cord stimulator trial is not medically necessary.

**1 psychological clearance for spinal cord stimulator trial:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

**Decision rationale:** The California MTUS Guidelines recommend a psychological evaluation prior to a spinal cord stimulator. The clinical documentation submitted for review supported the need for a spinal cord stimulator. As a psychological evaluation is necessary prior to the trial, the request for 1 psychological clearance for the spinal cord stimulator is medically necessary.

**1 request to continue Naproxen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS Guidelines recommend NSAIDs for the short-term treatment of low back pain. There should be documentation of objective functional improvement and an objective decrease in the injured worker's pain. The clinical documentation submitted for review indicated that the injured worker had been taking medication for greater than 6 months. There was a lack of documentation of objective functional improvement with the medication. The request as submitted failed to indicate the frequency, the quantity and the strength of the medication. Given the above, the request for 1 request to continue naproxen is not medically necessary.

**1 request to continue Flexeril:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to indicate that the injured worker had muscle spasms. It was indicated that the injured worker had been taking the medication for greater than 6 months, and there was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency, quantity and strength for the medication. Given the above, the request for 1 request to continue Flexeril is not medically necessary.