

<b>Case Number:</b>	CM13-0026745		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/16/1987
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 patient is a 52-year-old male who reported an injury on 04/16/1987. The mechanism of injury was not provided for review. The patient's surgical history included a lumbar laminectomy with postsurgical physical therapy. The patient was also treated conservatively with injections and medications. The patient's physical findings included lumbar pain rated at a 7/10 to 9/10, left L3-4 sensory changes. The patient's treatment plan included continued medications and a spinal cord stimulator trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**dorsal column stimulation trial:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Spinal cord stimulators Page(s): 105-107 and 101.

**Decision rationale:** The requested dorsal column stimulation trial is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient's symptoms have failed to resolve as a result of surgical intervention and extensive conservative therapy. The California Medical Treatment and Utilization Schedule recommends

this type of intervention for patients who have undergone at least 1 previous back operation and have failed to respond to all lower levels of treatment. However, the clinical documentation submitted for review did not provide any evidence of a psychological evaluation to assess whether the patient is likely to have a successful outcome to this treatment modality. As such, the requested dorsal column stimulation trial is not medically necessary or appropriate.